
PURPOSE OF THE TECHNICAL ASSISTANCE AND CONSULTATION MANUAL

The Child Care Licensing Division provides a Technical Assistance and Consultation Manual on the Licensing Rules for Child Care Centers and the Licensing Rules for Family and Group Child Care Homes. This manual is on the rules for family and group homes.

For each rule, you will typically find a rationale section, a technical assistance section and a consultation section. The rationale section describes the reason the rule was enacted. The technical assistance section outlines how to comply with the rule. The consultation section contains recommendations and best practices for going beyond rule requirements to improve the quality of care provided.

July 2020 UPDATE Table of Contents

The entire manual was updated.

Maintenance Instructions

Replace the entire manual.

TABLE OF CONTENTS

Part 1 General Provisions		
R400.1901	Definitions	Revised 06/2020
R400.1902	Applicant; licensee; requirements	Revised 02/2020
R400.1903	Licensee responsibilities	Revised 02/2020
R400.1904a	Child Care staff member; employment requirements	Revised 02/2020
R400.1904b	Childcare assistant; requirements	Revised 02/2020
R400.1905	Training	Revised 02/2020
R400.1906	Records of licensee; child care staff member; child care assistant	Revised 02/2020
R400.1907	Child's record	Revised 02/2020
R400.1908	Capacity	Revised 02/2020
R400.1909	Concurrent Licensing	Revised 02/2020
R400.1910	Ratio of personnel to children	Revised 02/2020
R400.1911	Care; supervision; children	Revised 02/2020
R400.1912	Infant; child; resting; sleeping; supervision	Revised 02/2020
R400.1913	Discipline; child handling	Revised 02/2020
R400.1914	Daily activity program	Revised 02/2020
R400.1915	Indoor space; play equipment and materials	Revised 02/2020
R400.1916	Bedding and sleeping equipment	Revised 02/2020
R400.1917	Telephone	Revised 02/2020
R400.1918	Medication; administration; procedures	Revised 02/2020
R400.1919	Communicable disease; immunization; mental and physical health; physician attestation; tuberculosis	Revised 02/2020
R400.1920	Outdoor play area and equipment	Revised 02/2020
R400.1921	Water hazards; water activities	Revised 02/2020
R400.1922	Nighttime care	Revised 02/2020
R400.1923	Diapering and toilet learning	Revised 02/2020
R400.1924	Hand washing	Revised 02/2020

TECHNICAL ASSISTANCE AND CONSULTATION MANUAL**Family and Group Child Care Homes**

R400.1925	Comprehensive background check; fingerprinting	Revised 02/2020
R400.1926	Conducive to the welfare of children	Revised 02/2020
R400.1931	Food preparation and service	Revised 02/2020
R400.1932	Home maintenance and safety	Revised 02/2020
R400.1933	Water supply; sewage disposal; water temperature	Revised 02/2020
R400.1934	Heating; ventilation; lighting; radon	Revised 02/2020
R400.1935	Firearms	Revised 02/2020
R400.1936	Animals and pets	Revised 02/2020
R400.1941	Heat producing equipment	Revised 02/2020
R400.1942	Electrical service; maintenance	Revised 02/2020
R400.1943	Exit requirements for each floor level used by children	Revised 02/2020
R400.1944	Smoke detectors; fire extinguishers	Revised 02/2020
R400.1945	Emergency; plan; drill	Revised 02/2020
R400.1951	Transportation	Revised 02/2020
R400.1952	Child transportation; parent permission; child information card; required when off-premises	Revised 02/2020
R400.1961	Parent notification required; incidents; accidents; illness; disease; isolation	Revised 02/2020
R400.1962	Department notification required; incidents; injury, accidents, illness, death or fire	Revised 02/2020
R400.1963	Rule variance	Revised 02/2020

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 1 of 4

R400.1901

R 400.1901 Definitions.

(1) As used in these rules:

- a) "Act" means 1973 PA 116, MCL 722.111 to 722.128.
- b) "Adult" means a person 18 years of age and older.
- c) "Applicant" means an individual who applies for a license to operate a family or group child care home.
- d) "Basement" means a story of a building or structure having $\frac{1}{2}$ or more of its clear height below average grade for at least 50% of the perimeter.
- e) "Child care assistant" means an individual who is 14 to 17 years of age, who participates in child care activities in a family or group child care home, and who shall not have unsupervised access to or provide unsupervised care or supervision of children.
- f) "Child care background check system" means the database maintained by the department to document comprehensive background checks and eligibility determinations, pursuant to section 5n of the act, MCL 722.115n.
- g) "Child care home" means a family child care home and a group child care home.
- h) "Child care staff member" means that term as defined in section 1(a) of the act, MCL 722.111(a).
- i) "Child passenger restraint device" means a device that is used to restrain, seat, or position a child weighing 65 pounds or less that meets the requirements of federal motor vehicle safety standard No. 213, child restraint systems, 49 CFR 571.213 (2019), which is hereby adopted by reference.
- j) "Child-use space" means the rooms and floor levels of the home approved by the department for child care.
- k) "Cleaned" means washed vigorously with soap and water and rinsed with clean water.
- l) "Combustible" means materials that will ignite and burn when subjected to a fire or excessive heat.
- m) "Comprehensive background check" means a department review of an individual as required in section 5n of the act, MCL 722.115n.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 2 of 4

R400.1901

- n) "Conducive to the welfare of children" means that term as defined in section 5m(13)(b) of the act, MCL 722.115m(13)(b).
- o) "Continuously employed child care staff member" and "continuously connected adult household member" means an individual who has not been disconnected for more than 180 days from the child care background check system and has continuously resided in Michigan for the immediately preceding 5-year period, as required in sections 5n(15) and 5n(16) of the act, MCL 722.115n(15) and 722.115n(16).
- p) "Conviction" means that term as defined in section 1(i) of the act, MCL 722.111(i).
- q) "Criminal history check" means that term as defined in section 1(j) of the act, MCL 722.111(j).
- r) "Department" means the department of licensing and regulatory affairs.
- s) "Eligible" means that term as defined in section 1(m) of the act, MCL 722.111(m).
- t) "Family child care home" means that term as defined in section 1(o)(iii) of the act, MCL 722.111(o)(iii).
- u) "Field trip" means children and personnel leaving the child care home premises for an excursion, trip, or program activity.
- v) "Fire alarm" means a device that is used to alert all persons in the home of fire conditions. The device must be heard in all parts of the home that are approved for use by children.
- w) "Foster child" means a person who resides in a foster home, who was placed in the foster home by a placing agent, who is not living with a parent or legal guardian, who is less than 18 years of age or becomes 18 years of age while residing in the foster home and continues to reside in the foster home as a dependent adult, and who is not related to an adult member of the foster family by blood, adoption, or marriage.
- x) "Group child care home" means that term as defined in section 1(o)(iv) of the act, MCL 722.111(o)(iv).
- y) "Heat detector" means a single or multiple station alarm responsive to heat.
- z) "Ineligible" means that term as defined in section 1(n) of the act, MCL 722.111(n).

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 3 of 4

R400.1901

- aa) "Licensee" means that term as defined in section 1(q) of the act, MCL 722.111(q).
- bb) "Means of egress" means the exit route from any point in the home to the outside at ground level.
- cc) "Member of the household" means that term as defined in section 1(s) of the act, MCL 722.111(s).
- dd) "Minor" means a person less than 18 years of age.
- ee) "MiRegistry" is the electronic data system for child care providers to verify and track employment, training, and educational accomplishments, which is maintained by the department of education. MiRegistry offers a statewide calendar of online and classroom training opportunities. MiRegistry can be accessed online at www.miregistry.org
- ff) "Nonprescription medication" means any over-the-counter medication that may be orally ingested or applied to the skin, including but not limited to: aspirin, acetaminophen, cold and flu medicines, mosquito repellants, antiseptics, ointments, powders, and diaper rash products.
- gg) "Nighttime care" means child care provided between midnight to 5:00 a.m.
- hh) "Parent" means a child's natural or adoptive parent who is legally responsible for the child or the child's legal guardian.
- ii) "Permanently resides" means the address is the individual's primary residence and his or her presence in the home is not contingent upon caring for children.
- jj) "Personnel" means a licensee, child care staff member, and child care assistant.
- kk) "Premises" means the location of the child care home where the licensee and family reside and includes the attached yard, garage, basement, non-child use space, and any other outbuildings.
- ll) "Related" means that term as defined in section 1(y) of the act, MCL 722.111(y).
- mm) "Routine transportation" means regularly scheduled travel on the same day of the week, at the same time, to the same destination. Any deviation is non-routine transportation.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 4 of 4

R400.1901

-
- nn) "Safety belt" means an automobile lap belt or lap-shoulder belt combination designed to restrain and protect a passenger or driver of a vehicle from injury.
 - oo) "Sanitized" means to wipe or spray the surface with a sanitizing solution, let the surface air dry or wipe dry after two minutes, or according to the manufacturer's directions, with a single service towel.
 - pp) "Serious injury" means that term as defined in section 2b of 1973 PA 116, MCL 722.112b.
 - qq) "Smoke detector" means a device that detects visible or invisible particles of combustion.
 - rr) "Supervised volunteer" means an individual who is 16 years of age or older, provides services for a child care home that are not compensated, and who is supervised at all times when children are in care.
 - ss) "Transportation" means the taking of children by means of a vehicle to or from a family or group child care home and to and from all other activities planned by or through the family or group child care home.
 - tt) "Unsupervised volunteer" means an individual who is 18 years of age or older, provides services for a child care home that are not compensated, and who has been determined eligible by the department to be unsupervised with children.
 - uu) "Vehicle" means an automobile, truck, or van that transports persons upon a highway.
 - vv) "Water activities" means activities in residential pools, lakes, ponds, or other bodies of water. Water activities do not include water play activities such as water table play, slip and slide activities, wading pools, or playing in sprinklers.

R 400.1901 (2)

(2) A term defined in the act has the same meaning when used in these rules.

History: 2005 AACCS; 2009 AACCS; 2020 MR 23, Eff. Dec. 13, 2019.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 1 of 4

R400.1902

R 400.1902 Applicant; licensee; requirements.

- (1) An applicant and a licensee shall meet all of the following requirements:**
- (a) Be 18 years of age or older.**
 - (b) Have a high school diploma, general educational development (GED) certificate, or approved training track and hours for child care home providers through MiRegistry.**
 - (c) Permanently reside in the child care home as a member of the household.**
 - (d) Have proof of certification in both of the following:**
 - (i) Infant, child, and adult cardiopulmonary resuscitation (CPR).**
 - (ii) First Aid.**
 - (e) Have documentation of completed training in both of the following:**
 - (i) Recognition and reporting of child abuse and neglect.**
 - (ii) Prevention and control of infectious disease, including immunizations.**
 - (f) Attend an orientation provided by the department.**

Rationale

To establish age, base education and training requirements and permanent residency and to ensure licensee can understand the rules and responsibilities to provide for the safety and well-being of children.

Technical Assistance

To demonstrate compliance with subrule (a) of this rule, the applicant must submit a copy of their valid driver's license or Michigan identification card.

To demonstrate compliance with subrule (b) of this rule, the applicant may sign a self-certifying statement on the application as verification of compliance. In some instances, the applicant may be asked to provide a copy of the high school diploma, GED certificate or equivalent, or the document showing completion of the approved training track hours for child care home providers through MiRegistry (www.miregistry.org).

Note: If the registration/license was issued prior to January 2006, a high school diploma, GED or equivalent was not required.

To demonstrate compliance with subrule (c) of this rule, the applicant must be able to provide legal documentation of residence. Documentation may include a valid driver's license, Michigan identification card, voter's registration card, tax returns, etc.

To demonstrate compliance with subrule (d) of this rule, a receipt of payment for the CPR or first aid training is not acceptable verification of certification or participation.

Copies of the cards, certification, e-card, or a statement signed by the trainer on agency letterhead are acceptable verification of certification. See R 400.1905 for more information on acceptable verification of training.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 2 of 4

R400.1902

First aid/CPR certification must be received from a person certified as a Red Cross instructor or a trainer from another organization approved by the department. See the department's website (www.michigan.gov/michildcare) for the current list of approved organizations. CPR and first aid training may be completed online. If first aid or CPR training is completed online, an in-person skills test must be completed for the training to be valid. The in-person skills test must be administered by one of the approved organizations.

Note: R 400.1905(7) and the Child Care Organizations Act (1973 PA 116) requires CPR and first aid be maintained according to the expiration date on the card.

To demonstrate compliance with subrule (e) of this rule, the applicant must provide verification of completion of:

- (i) Recognition and Reporting of Child Abuse and Neglect and
- (ii) Prevention and Control of Infectious Disease, including immunizations through MiRegistry (www.miregistry.org) or similar training organization.

To demonstrate compliance with subrule (f) of this rule, the applicant must attend a child care home orientation provided by the department, which consists of 6 clock hours that may be used toward annual training.

Rule 1902 (2)

(2) An applicant or licensee shall be of responsible character and shall be suitable and able to meet the needs of children and provide for their care, supervision, and protection.

Rationale

Ensures:

- The safety and welfare of children.
- That the applicant exhibits responsible behavior and has the ability to respond appropriately to children's needs.

Technical Assistance

To assess if an applicant is suitable and conducive to the welfare of children the applicant will complete a comprehensive background check through the department at Child Care Background Check (CCBC). [CCBC website](#)

For the purposes of this rule, responsible character means the ability to:

- Distinguish between right and wrong.
- Think and act rationally.
- Be accountable for one's own behavior.
- Be dependable, reliable and able to pay debts and meet business obligations.

Suitable means the individual:

- Is truthful to the department and public.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 3 of 4

R400.1902

- Does not have a criminal history which could affect the safety or welfare of children in care.
- Is capable of making appropriate judgements.
- Is knowledgeable of the developmental needs of children of varying ages.
- Conducts oneself in a way so that rule requirements are met.
- Is not on central registry as a perpetrator of child abuse or neglect.

R 400.1902 (3)

(3) All persons, including minors, residing in the child care home shall meet all of the following requirements:

- a. Be suitable to meet the needs of children.**
- b. Be able to ensure that services and facilities are conducive to the welfare of children.**
- c. Act in a manner that is conducive to the welfare of children.**
- d. Demonstrate a willingness and ability to comply with the act and these rules.**

Rationale

To ensure:

- The safety and welfare of children.
- That all members of the child care home family model socially acceptable behavior.

Technical Assistance

Per R 400.1901(1)(e) definitions, a child care home family means “all persons, including minors, living, on an ongoing or intermittent basis, in the family or group child care home.”

Suitability is assessed on all household members, including the licensee.

Suitable means that household members:

- Do not have criminal history which could affect the safety or welfare of child care children.
- Are truthful to the department and the public.
- Do not present a risk to the child care children.
- Are not on central registry as a perpetrator of child abuse or neglect.

Note: Conducive to the welfare of children means that term as defined in section 5m (13)b of the act, MCL 722.115m(13)(b).

Note: Licensing completes central registry clearances and criminal history checks on all adult household members.

An adult household member cannot be present in the child care home if the criminal history check reveals a conviction for the following offenses:

- A listed offense – defined by the Sex Offenders Registration Act (1994 PA 295).

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 4 of 4

R400.1902

- Child abuse under section 136b of the Michigan penal code (1931 PA 328, MCL 750.136b).
- Child neglect under section 145 of the Michigan penal code (1931 PA 328, MCL 750.145).
- A felony involving harm or threatened harm to an individual within the 10 years immediately preceding application.

When a licensee becomes licensed as a children's foster home, all foster children placed in that home are considered part of the child care home family. The licensee is responsible and accountable for ensuring foster children will not present a risk to the child care children.

Note: Licensing completes central registry clearances and criminal history checks for child care staff members who are also household members. Refer to R 400.1906(1) (e-f) regarding required documentation of criminal history and central registry checks for all other child care staff members and child care assistant who reside in the household who are under the age 18.

Rule 1902 (4)

- (4) The applicant and licensee shall submit all required information and reports using the specified forms, which are available on the child care licensing division's website: www.michigan.gov/michildcare These forms are also available at the Michigan Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems, Child Care Licensing Division, 611 W Ottawa, Lansing, MI 48933-1070.**

Rationale

To ensure that the applicant/licensee is utilizing the most current version of documents provided by the department.

History: 2005 AACCS; 2009 AACCS; 2020 MR 23, Eff. Dec. 13, 2019.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 1 of 16

R400.1903

R 400.1903 Licensee responsibilities.

(1) A licensee shall be responsible for all of the following:

(a) When the child care home is in operation, the licensee shall be present in the home on a daily basis and provide direct care and supervision for the majority of time children are in care, except for any of the following circumstances:

(i) Vacation or personal leave, which must not exceed 20 days within a calendar year. The 20 days of vacation or personal leave means the licensee is absent the entire day or at least 51% of the day when the child care home is operating. A licensee may have a short periodic absence from the home.

(ii) Medical treatment and subsequent recovery.

Rationale

Provides continuity of care, which allows children and personnel to develop nurturing relationships.

Technical Assistance

“Majority” means at least 51% of the time children are in care daily. It is allowable for the licensee to have a short periodic absence from the home.

Example 1: The child care home is open from 6 AM to 6 PM daily. Children are in care from 6 AM to 3 PM. The licensee is gone from 7 AM to 10 AM. The licensee is in compliance with the rule.

Example 2: The child care home is open from 6 AM to 6 PM and 10 children are in care the entire time and two children are in care from noon to 6 PM. The licensee is gone from 12 to 4 PM. The licensee is in compliance with this rule.

Example 3: The child care home is open from 6 AM to 10 PM. Children are in care from 6 AM to 2 PM and 4 PM to 9 PM. The licensee is gone from 7 AM to 3 PM. The licensee is not in compliance with this rule.

When there is more than one licensee on the license one of the following must occur:

- One of the licensees must provide direct care and supervision at least 51% of the time children are in care daily.
- The licensees on the license must provide direct care and supervision and may split the time between them. The time between the licensees must be at least 51% of the time children are in care daily.

A calendar year is defined as January 1 through December 31

Consultation

Use of the Medical Clearance Request form, BCAL-3704, can be used to document ability to return to work, caring for children, without restrictions.

R400.1903 (1)(b)

(1) A licensee shall be responsible for all of the following:

- (b) The exceptions in subrule (1)(a) of this rule do not include other part-time or full-time employment that occurs during the hours of operation of the child care home.**

Rationale

Other employment, which occurs during child care hours of operation, directly impacts continuity of care.

Technical Assistance

Part-time and full-time employment is only allowed during child care hours of operation if the licensee meets the requirements of subrule (1)(a) of this rule.

R400.1903 (1)(c)

(1) A licensee shall be responsible for all of the following:

- (c) Provide for a child care staff member, who has valid CPR and first aid certifications, to act on behalf of the licensee when the licensee is unable or unavailable to provide direct care.**

Rationale

Ensures continuity of care.

Technical Assistance

Anyone providing care in any circumstance MUST meet this requirement and all other requirements of a child care staff member.

Child Care Staff Member means an individual who is 18 years of age or older to whom 1 or more of the following applies:

- (i) The individual is employed by a group child care home or family child care home for compensation, including a contract employee or a self-employed individual.
- (ii) An individual whose activities involve the unsupervised care or supervision of children for a group child care home or family child care home.
- (iii) An individual who has unsupervised access to children who are cared for or supervised by a group child care home or family child care home.
- (iv) An individual who acts in the role of a licensee.

First aid/CPR training must be received from a person certified as a Red Cross instructor or a trainer from another organization approved by the department. See the department's website (www.michigan.gov/michildcare-training) for the current list of approved organizations. CPR and first aid training may be completed online. If first aid or CPR training is completed online, an in-person skills test must be completed for the training to

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 3 of 16

R400.1903

be valid. The in-person skills test must be administered by one of the approved organizations.

To demonstrate compliance with subrule (c) of this rule, copies of the cards or a statement on agency letterhead are acceptable verification of training. A receipt of payment for the CPR and/or first aid is not acceptable verification of training attendance or participation.

First aid/CPR training must be received from a person certified as a Red Cross instructor or a trainer from another organization approved by the department. See the department's website (www.michigan.gov/michildcare) for the current list of approved organizations.

CPR and first aid training may be completed online. If first aid or CPR training is completed online, an in-person skills test must be completed for the training to be valid. The in-person skills test must be administered by one of the approved organizations.

See R 400.1905 for more information on acceptable verification of training.

Consultation

Many of the approved organizations offer several different types of CPR and first aid training (for the general community, workplace, health care/ emergency response professionals). It is recommended that child care staff members take workplace CPR and first aid training, if offered. It is not necessary to take the course designed for health care/emergency response professionals.

R400.1903 (1)(d)

(1) A licensee shall be responsible for all of the following:

(d) Inform parents when a child care staff member is providing care in the absence of the licensee.

Rationale

Parents have the right to know who is caring for their children in the absence of the licensee.

Technical Assistance

Notification to parents must be provided for each absence and may be verbal, in writing or posted in the home in a location easily visible to parents.

Notification must include the name of the child care staff member providing the care.

Consultation

It is recommended that this notice be in writing and that copies are kept for a minimum of four years.

R400.1903 (1)(d)

(1) A licensee shall be responsible for all of the following:

- (e) Maintain a record of the dates of licensee absences. These records must be maintained for a minimum of 4 years.**

Rationale

Maintaining these records provides the department with documentation of the licensee's frequency and length of absences and information about who is caring for the children during these times.

R400.1903 (1)(f)

(1) A licensee shall be responsible for all of the following:

- (f) Post the current license in a conspicuous place within the child care home during the hours of operation.**

Rationale

Ensures parents, staff and visitors that the home is licensed by the department and provides the license effective dates, the approved capacity and the current status of the license.

Technical Assistance

A conspicuous place means a location where parents, child care staff members and others can easily see it.

Consultation

The Administrative Procedures Act (1969 PA 306) states that when a licensee makes timely and sufficient application for the renewal of a license, the existing license does not expire until the department makes a decision on the application. The licensee will receive an extension letter explaining that the license has been extended beyond the expiration date. It is recommended that you post the extension letter with the license.

R400.1903 (1)(g)(h)(i)

(1) A licensee shall be responsible for all of the following:

- (g) Report to the department within, 3 business days, any changes in the household composition or when any new or existing member of the household or child care personnel has any of the following:**
 - (i) An arrest.**
 - (ii) A conviction.**
 - (iii) An arraignment for an offense that if convicted would lead to that individual's ineligibility to be connected with a child care home.**
 - (iv) Is being investigated by the state department of health and human services for an allegation of child abuse or neglect.**
 - (v) Is under court supervised parole or probation.**
 - (vi) Has been admitted to, or released from, a correctional facility.**

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 5 of 16

R400.1903

- (vii) Has been admitted to or released from a health facility or agency that was providing mental health or substance use disorder treatment services to the individual**
- (h) The report required in subdivision (g) of this subrule shall be made using the department's form named Notification of Changes in Status – Family and Group Child Care Homes, which is labeled BCAL-1485.**
- (i) Notify personnel of their duty to report to the licensee any actions listed in this rule.**

Rationale

R 400.1903 (g) – (i)

To keep the department notified regarding changes in household composition and status of household members and personnel.

To ensure personnel are aware of their duty to report.

Technical Assistance

Subrule (g) of this rule requires the licensee to report to the department within three business days any changes in the household composition or when any new or existing member of the household has any of the occurrences listed in subrule(g)(i)-(vii) The form, BCAL-1485, is located in the [forms](#) section of our [website](#).

The Child Care Organizations Act (1973 PA 116) requires that the licensee report to the department within **three** business days after he/she, an adult household member or any personnel has been arraigned. A person who fails to report as required is guilty of a felony or a misdemeanor, depending on the offense. Arraignment is when an individual is formally charged and appears in a court of law and enters a plea.

Any individual, who resides or stays in the home on an intermittent or short-term basis, is considered part of the child care home family. This includes college students that move back home during the summer months. All foster children placed in the home are considered part of the child care home family.

It is the licensee's responsibility to ensure all employees are aware of their requirement to report an arraignment to the licensee.

Consultation

The Employee Notification to Child Care Center of Arraignment (BCAL-1486) may be used by staff members to notify the licensee of an arraignment. The form can be found at [Child Care Forms](#).

Arraignment is when an individual is formally charged and appears in a court of law and enters a plea.

Refer to MCL 722.115r for list of criminal offenses.

R40031903 (1)(j)

(1) A licensee shall be responsible for all of the following:

- (j) For any member of the household or personnel who has been treated on an inpatient or outpatient basis for an emotional, mental, or substance use disorder during the last 2 years, the licensee shall provide to the department a written statement verifying the individual's fitness to care for or be associated with children. This statement must be obtained from the medical or mental health professional who is directly involved in the individual's treatment plan or the administrator of the health facility or agency that provided services to the individual.**

Rationale

Ensures the safety and welfare of children.

Ensures an individual's personal fitness and suitability to care for or be around child care children.

Technical Assistance

A disorder generally refers to a thought or mood which significantly impairs judgement, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life.

This definition would not normally include individuals who are receiving counseling to help cope with death, divorce, job change, etc., or for help with child behavior management skills. If it is or becomes apparent that personal problems are impacting on the care and supervision of children, the department may request a written statement from a mental health professional verifying a person's fitness to care for or be associated with child care children.

This rule pertains to all household members including minor household members and foster children. If the individual is being treated or has been treated for an emotional, mental, or a substance use disorder during the past two years a mental health statement is needed from the professional treating the individual. The statement must address the individual's appropriateness to be with child care children.

R40031903 (1)(k)

(1) A licensee shall be responsible for all of the following:

- (k) Immediately report to children's protective services any suspected child abuse or neglect and ensure compliance with the child protection law, 1975 PA 238, MCL 722.621 to 722.638.**

Rationale

Ensures the health and safety of children.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 7 of 16

R400.1903

Technical Assistance

Child care personnel are mandated reporters. Under the Child Protection Law, child care providers must contact Children's Protective Services (CPS) **immediately** when they suspect child abuse and/or neglect.

An immediate verbal report may be made to Centralized Intake by calling (855) 444-3911. The verbal report must be followed by a written report. The written report must be submitted within 72 hours. The Department of Health and Human Services (MDHHS) encourages the use of the Report of Suspected or Actual Child Abuse or Neglect (DHS-3200) form which includes all the information required by the law. The written report may be faxed to (616) 977-1154 or (616) 977-1158 or emailed to DHS-CPS-CIGroup@michigan.gov.

Or, a report may be made using the online system for mandated reporters. Reports can be submitted 24/7 from anywhere with Internet access. The requirement to call the toll-free number and send a written report is eliminated when reporting suspected child abuse or neglect online.

For emergencies, mandated reporters must call 911 and then the hotline or online system to file the report.

When child abuse and/or neglect is suspected, personnel need to **only** obtain enough information to make a report. If a child starts disclosing information regarding abuse and/or neglect, personnel must **only** ask open-ended questions, if necessary, to determine whether a report needs to be made to CPS. The child must not be led during the conversation. Personnel must not attempt to conduct their own investigation either before reporting it to CPS or during the CPS investigation.

Consultation

Determining when to report situations of suspected child abuse/neglect can be difficult. When in doubt, contact the local MDHHS office for consultation. Below are some commonly accepted warning signs associated with various forms of child abuse/neglect. Note that the warning signs below, in themselves, are not the only indicators of child abuse/ neglect and, if present, do not always mean a child is being abused or neglected.

Physical Abuse: Sores, burns, bruises, injuries on body and a reluctance to tell or vagueness about where these originated. Injuries may not match the explanation.

Neglect: Consistent signs of hunger, inappropriate dress, poor hygiene (unwashed clothes, hair and body odor); regularly displays fatigue or listlessness; unattended medical needs.

Sexual Abuse: Unusual sexual awareness or behavior. Inappropriate sexual behavior such as attempting to insert tongue in your mouth; pain, itching, bleeding, or bruises in the genital area; persistent sexual play with other children, themselves, toys, or pets; withdrawal or depression.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 8 of 16

R400.1903

Other signs of possible abuse or neglect include:

- Extremely aggressive and/or passive behavior.
- Delays in development.
- Fear of parents or adults.
- Unusually shy, avoids other children and adults.
- Avoids physical contact.
- Apt to seek affection from any adult.
- Reports of being hurt or abused.

For more information on reporting suspected child abuse and neglect, refer to the mandated reporter's website at www.michigan.gov/mandatedreporter. The Mandated Reporter's Resource Guide (DHS-Pub 112) is also available online at www.michigan.gov/dhs-publications, CPS section. Also see the publication *The Role of Professional Child Care Providers in Preventing and Responding to Child Abuse and Neglect* at www.childwelfare.gov/pubs/usermanuals/childcare/.

R400.1903 (1)(I)

(1) A licensee shall be responsible for all of the following:

- (I) Have a written policy and procedure for the screening and supervision of volunteers, if applicable, including volunteers who are parents of a child in care.**

Rationale

Ensures children are protected at all times when around volunteers in the child care home including parents of a child in care.

Technical Assistance

The written policy for screening and supervision of volunteers must describe what methods are used by the home to screen volunteers.

The written policy must describe the method of supervision and may include volunteer duties and restrictions.

A volunteer must not have unsupervised contact with children in care if he or she has not been determined eligible by the department after completing a comprehensive background check.

A supervised volunteer does not include the rare occasions when parents accompany their child on a special activity such as a classroom party or field trip, when the parent is only with their child and has no responsibility for other children or activities in the home.

R400.1903 (2)

(2) The licensee shall ensure that a child is released only to persons authorized in writing by the parent.

Rationale

Ensures the safety and welfare of children.

Technical Assistance

The child information card that the enrolling parent completes and signs states who the parent authorizes to pick up the child.

Unless custody has been established by a court action, one parent may not limit the other from picking the child up from the child care home or receiving information about how the child's day went. The licensee has no legal right to withhold a child from a parent unless there is a court order which limits one parent's right to the child.

Consultation

Suggestions for identification verification include:

- Viewing the person's pictured identification.
- Asking for the code word agreed to by the parent and the licensee.

The following best practices are recommended in dealing with child custody conflicts:

- Maintain your role as the child's advocate.
- Limit any discussion with either parent to the child and the effects the conflict may be having on the child.
- Limit all discussions with the parent to a time when the child is not present.
- Request a copy of the court order that establishes custody.
- Do not answer questions regarding the child over the phone.
- If the non-custodial parent wishes to obtain information regarding the child, schedule an appointment and require identification.

R400.1903 (3)

(3) The licensee shall permit parents of enrolled children who are in attendance to visit the child at the child care home at any time during hours of operation, as required in section 3a of the act, MCL 722.113a.

Rationale

A parent's unrestricted access to the child care home during the hours of operation allows them to observe the care their child receives.

Technical Assistance

One parent may not limit the other from visiting the child or receiving information about how the child's day went. Personnel have no legal right to prohibit a parent from visiting his/her child unless there is a court order which limits one parent's right to visit the child.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 10 of 16

R400.1903

Consultation

The following best practices are recommended in dealing with child custody conflicts:

- Maintain your role as the child's advocate.
- Limit any discussion with either parent to the child and the effects the conflict may be having on the child.
- Limit all discussions with the parent to a time when the child is not present.
- Request a copy of the court order that establishes custody.
- Do not answer questions regarding the child over the phone.

If the non-custodial parent wishes to obtain information regarding the child, schedule an appointment and require identification.

Breastfeeding

Permitting parents to visit the home during the hours of operation can also promote breastfeeding.

R400.1903(4)

(4) The licensee shall cooperate with the department in connection with an inspection or investigation, as required in section 10(1) of the act, MCL 722.120(1). Cooperation includes, but is not limited to, all of the following:

- a) Admit authorized members of the department into the approved child caring areas of the child care home and provide access to all records, individuals, and other materials necessary to determine compliance with the act and these rules.**
- b) Allow the department to perform routine investigative functions during the course of an investigation, inspection, or examination. Routine investigative functions include, but are not limited to, both of the following:**
 - (i) Interviewing potential witnesses, such as child care staff members, members of the household, and volunteers.**
 - (ii) Taking photographs to assess and document the conditions of the child care home and its compliance with the act and these rules.**
- c) Provide accurate and truthful information to the department, and encourage witnesses to provide accurate and truthful information to the department.**

Rationale

Allows the department access to the home, records, policies, and the individuals associated to the child care license for the purpose of conducting thorough inspections and investigations.

Technical Assistance

Per R 400.1903(6) (a-f), in absence of the licensee, a child care staff member must be appointed who is knowledgeable about the child care operation, knows where all records are located and understands his/her role regarding cooperating with the department.

MCL 722.120

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 11 of 16

R400.1903

-
- (1) The department may investigate, inspect, and examine conditions of a child care organization and may investigate and examine the books and records of the licensee. The licensee shall cooperate with the department's investigation, inspection, and examination by doing all of the following:
- (a) Admitting members of the department into the child care organization and furnishing all reasonable facilities for thorough examination of its books, records, and reports.
 - (b) Allowing the department to perform routine investigative functions during the course of an investigation, inspection, or examination. Routine investigative functions include, but are not limited to, interviewing potential witnesses, such as staff and household members, and taking photographs to assess and document the conditions of the child care organization and its compliance with this act and the rules promulgated under this act.
 - (c) Providing accurate and truthful information to the department, and encouraging witnesses, such as staff and household members, to provide accurate and truthful information to the department.
-

R400.1903(5)

- (5) The licensee shall ensure that all personnel, members of the household, and conduct themselves in a manner that is conducive to the welfare of children.**

Rationale

To ensure:

- The safety and welfare of children.
- That personnel exhibit mature, responsible behavior and have the ability to respond appropriately to children's needs.

Technical Assistance Technical Assistance

To view the entire Child Care Organizations Act: [Act 116 of 1973](#)

To be in compliance with (5):

722.115m(b) "Conducive to the welfare of the children" means:

- (i) The service and facility comply with this act and the administrative rules promulgated under this act.
- (ii) The disposition, temperament, condition, and action of the applicant, licensee, licensee designee, program director, child care staff member, and member of the household promote the safety and well-being of the children served.

Conducive to the welfare of children also includes the licensee:

- Is truthful to the department and the public.
- Is capable of making appropriate judgements.
- Is knowledgeable of the developmental needs of children of varying ages.
- Conducts self in a way so that rule requirements are met.

722.115m(3) To assess whether the service, facility, applicant, licensee, child care staff member, or member of the household is conducive to the welfare of the children, the

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 12 of 16

R400.1903

department may utilize available information, including, but not limited to, any of the following:

- a) Investigative report, such as a law enforcement report and a children's protective services report.
- b) Medical report.
- c) Public record.
- d) Child care center, group child care home, or family child care home record.
- e) Inspection of the group child care home or family child care home.

R400.1903(6)

(6) The licensee shall have present at all times at least 1 person who can accurately comprehend all of the following information:

- (a) The act, these rules, and any additional communications from the department.**
- (b) Child information cards.**
- (c) Written directions about a child's care.**
- (d) Information about food, cleaning, and chemical labels that can impact a child's well-being.**
- (e) Written medication directions for a child.**
- (f) Information needed to effectively implement emergency procedures.**

Rationale

Ensures the safety and welfare of children.

Technical Assistance

To comply with this rule, the licensee must ensure that at least one person is on-site at all times who can read, comprehend and carry out the requirements of this rule. This person shall have access to all records and documentation pertaining to the child care license.

R400.1903(7)

(7) The licensee shall cooperate with the department by ensuring that all individuals requiring a comprehensive background check are entered into the child care background check system and processed for eligibility as required by section 5n of the act, MCL 722.115n, and R 400.1925.

Eligibility is determined through the comprehensive background check process. In order to receive a determination, the individual must be entered into the Child Care Background Check (CCBC) system by the person authorized to use the system and then fingerprinted under the Child Care Licensing (CCL) Reason Code. Upon receipt of the fingerprint results, all remaining registry checks will be completed by the department. Any applicant who has resided out of state or country within the past 5 years is required to submit additional information in order to complete the comprehensive background check. This may include the submission of additional forms

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 13 of 16

R400.1903

and fees required by state(s) in order to complete the remaining components of the comprehensive background check.

Each individual who requires a comprehensive background check must accurately and thoroughly complete the **Consent and Disclosure form** which can be found at www.michigan.gov/ccbc under [Forms and Resources](#).

This form must be signed and dated prior to the individual being fingerprinted to be compliant with this rule. As the licensee(s) are also entered into the CCBC System, the licensee is also required to accurately and thoroughly complete the Consent and Disclosure form. Accurately completing and maintaining the connection, disconnection, or withdrawn status of each individual associated with the license is required. Once an individual has been entered into the system for a facility, you will be notified in writing of the applicant's eligibility. The letter states that you need to log into the Child Care Background Check system and finalize your "Action" in the system once you have made your final decision regarding employment. Once a person has been found eligible, you must "**Connect**" them to your facility in CCBC if the person will be a child care staff member, unsupervised volunteer or licensee designee. If you are no longer going to have them in one of the previously mentioned rolls, you will "**Disconnect**" them. If you no longer wish to pursue a background check for an individual, you would "**Withdraw**" them.

The CCBC [Forms and Resources](#) has a PowerPoint training guide for using the Child Care Background Check System.

For questions, contact the CCBC unit at 844-765-2247.

Frequently Asked Questions for using the CCBC system can be found here [FAQ](#)

The Consent and Disclosure form must have an original signature. Digital signatures will not be accepted.

While awaiting results of the comprehensive background check an individual may serve as a child care staff member if the individual is supervised **at all times** by an eligible staff member. Supervised at all times means the eligible staff member can see and hear the individual at all times. Example: if the eligible staff member needs to use the restroom another eligible staff member must step in to supervise the individual prior to them leaving the room.

Failure to disconnect an ineligible individual, or prohibit an ineligible person from being on the premises of the child care home or from having contact with the children in care, may result in disciplinary action against your license and/or loss of any subsidy payments.

R400.1903(8)

**R 400.1903 Licensee Responsibilities
07/2020**

**STATE OF MICHIGAN
Department of Licensing and Regulatory Affairs**

(8) To comply with section 3c of the act, MCL 722.113c, a licensee shall have a policy and procedure on smoking and vaping that includes all of the following:

- (a) Ensure that smoking and vaping do not occur in child-use space, on the premises of a child care home while children are in care, and in a vehicle when used to transport children who are in care.**
- (b) Conspicuously post on the premises a notice stating that smoking and vaping are prohibited on the premises during child care hours.**
- (c) Notify parents if smoking or vaping occurs in the child care home and on the premises when children are not in care.**

Rationale

Scientific evidence has linked respiratory health risks to secondhand smoke.

Infants and young children exposed to secondhand smoke are at risk of developing bronchitis, pneumonia and middle ear infections when common respiratory infections occur.

If your baby regularly breathes secondhand smoke, his or her lungs can be permanently damaged.

Chemicals in secondhand smoke can affect your baby's brain and interfere with how you and your baby's breathing is regulated. MDHHS-Pub-1270

Secondhand smoke may also increase the risk of infant death.

Smoking at times when child care children are not using the space can trigger asthma, allergies and other health related problems when child care children do use the space. Allows parents to make informed decisions regarding their children's exposure to secondhand smoke.

Technical Assistance

"Premises" means the location of the child care home where the licensee and family reside and includes the attached yard, garage, basement, and any other outbuildings.

A conspicuous place means a location where parents, staff and others can easily see it. This posting requirement is effective December 13, 2019.

Policy and procedure must be in writing. Licensees may use the wording found on the Child in Care Statement/Receipt, the BCAL-3900 form, located in the [forms](#) section of our [website](#).

All tobacco and vaping paraphernalia shall be stored securely and out of the reach of children. See Rule 1932(2) for more information.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 15 of 16

R400.1903

MCL 333.12601 (Public Health Code Act 368 of 1978) defines smoking as: "Smoking" or "smoke" means the burning of a lighted cigar, cigarette, pipe, or any other matter or substance that contains a tobacco product.

"Tobacco product" means a product that contains tobacco and is intended for human consumption, including, but not limited to, cigarettes, noncigarette smoking tobacco, or smokeless tobacco, as those terms are defined in section 2 of the tobacco products tax act, 1993 PA 327, MCL 205.422, and cigars.

MCL 722.644 (Youth Tobacco Act. Act 31 of 1915) defines vaping as: "Vapor product" means a noncombustible product that employs a heating element, power source, electronic circuit, or other electronic, chemical, or mechanical means, regardless of shape or size, that can be used to produce vapor from nicotine or any other substance, and the use or inhalation of which simulates smoking. Vapor product includes an electronic cigarette, electronic cigar, electronic cigarillo, electronic pipe, or similar product or device and a vapor cartridge or other container of nicotine or other substance in a solution or other form that is intended to be used with or in an electronic cigarette, electronic cigar, electronic cigarillo, electronic pipe, or similar product or device. Vapor product does not include a product regulated as a drug or device by the United States Food and Drug Administration under 21 USC 351 to 360ff-7.

E-Cigarettes (defined in MDHHS-Pub-1270)

- E-cigarettes have many names: vapes, vape pens, e-hookahs, mods, JUULs, or tanks.
- They give off aerosol that is full of chemicals. Some of these chemicals are known to cause birth defects.
- Secondhand aerosol can be dangerous to your baby.

More information on smoking and safe sleep is available at https://www.michigan.gov/documents/mdhhs/Smoking_and_Safe_Sleep_661613_7.pdf

[Michigan.gov/Tobacco](https://www.michigan.gov/Tobacco).

Learn more about safe sleep at

[Michigan.gov/SafeSleep](https://www.michigan.gov/SafeSleep) .

R400.1903(9)

(9) Provide identifying information to the department on both of the following individuals who are associated with the child care license:

- (a) Licensee.**
- (b) Adult household member.**

R400.1903(10)

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 16 of 16

R400.1903

(10)The information required in subrule (9) of this rule shall be provided to the department on the department's form named Child Care Licensing Information Request, which is labeled BCHS CC-001.

Rationale

To verify identity of the licensee, adult members of the household and any other adults that permanently resides in the child care home.

Technical Assistance

The BCHS CC-001 may be requested by contacting your licensing consultant.

TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES

Page 1 of 6

R400.1904a

R 400.1904a Child care staff member; employment requirements.

- (1) An individual who is employed as a child care staff member in a child care home shall be 18 years of age or older, pursuant to section 1 of the act, MCL 722.111.

R 400.1904a (2)(a)(b)

- (2) Before caring for children at a child care home, an individual shall provide the licensee with all of the following:
- (a) A valid certification in infant, child, and adult CPR.
 - (b) A valid certification in first aid.

Rationale

Ensures the safety and welfare of children by having someone in attendance at all times who is qualified to respond to common life-threatening emergencies.

Child care staff members sometimes work alone and are solely responsible for the health and safety of child care children. This subrule ensures they have the necessary skills to manage any emergency while also caring for the remaining child care children.

Technical Assistance

Anyone providing care in any circumstance **MUST** meet this requirement and all other requirements of a child care staff member.

MCL 722.112a, (1) A child caring institution, foster family home, foster family group home, child care center, group child care home, and family child care home shall **have individuals present**, as prescribed in the appropriate administrative rules, who have current certification in first aid and cardiopulmonary resuscitation obtained through the American Red Cross, the American Heart Association, or an equivalent organization or institution approved by the department.

First aid/CPR certification must be received from a person certified as a Red Cross instructor or certified by another organization approved by the department. See the department's website (www.michigan.gov/michildcare-training) for the current list of approved organizations.

An in-person skills test must be completed if CPR and first aid training is completed online. The online training and the in-person skills test must be administered by one of the approved organizations. Documentation of completion of both the online portion and in-person skills test must be maintained.

Verification of CPR/First Aid Training

A receipt of payment for the session is not verification of certification attendance or participation. Copies of both sides of the card, final certificate, a statement on agency letterhead, or the eCard are acceptable verification of CPR/first aid certification.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 2 of 6

R400.1904a

The statement on agency letterhead must be issued from the training organization or trainer and include the date of the course, the name of the training organization or trainer and the topic covered.

See R 400.1905 for more information on acceptable verification of training.

R 400.1904a (2)(c)

(2) Before caring for children at a child care home, an individual shall provide the licensee with all of the following:

(c) Proof of training in the prevention of infectious disease, including immunizations. Hours of training in the prevention of infectious disease from MiRegistry will be allowed to count for training hours to meet this requirement.

Note – Prevention of infectious disease and immunization training has replaced the requirement for Bloodborne Pathogen training.

Technical Assistance

MIOSHA Bloodborne Infectious Diseases Online Training Program: [MIOSHA online training](#)

For additional information regarding communicable diseases and reporting as well as immunizations, contact your local health department. A listing of county health departments can be found at [MDHHS local health departments](#)

Training is available at [MiRegistry](#) in Health and Safety Training for Licensed Child Care Providers, Courses 1 and 2. Health and Safety Training for Licensed Child Care Providers Course 1 includes:

- Prevention and Control of Infectious Diseases (including Immunizations)
- Administration of Medication
- Prevention and Response to Emergencies due to food and allergic reactions

Child Development (birth to 5 years)

Consultation

MIOSHA Bloodborne Infectious Diseases Online Training Program: [MIOSHA online training](#)

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 3 of 6

R400.1904a

R 400.1904a (3)

- (3) Prior to contact with children, the individual shall be determined by the department to be eligible to serve as a child care staff member, pursuant to sections 5n and 5q of the act, MCL 722.115n, 722.115q, and as required by R 400.1925.**

Eligibility is determined through the comprehensive background check process. In order to receive a determination, the individual must be entered into the Child Care Background Check (CCBC) system by the person authorized to use the system and then fingerprinted under the Child Care Licensing (CCL) Reason Code. Upon receipt of the fingerprint results, all remaining registry checks will be completed by the department. Any applicant who has resided out of state or country within the past 5 years is required to submit additional information in order to complete the comprehensive background check. This may include the submission of additional forms and fees required by state(s) in order to complete the remaining components of the comprehensive background check.

To be “eligible” means that the individual obtained the checks and clearances described in sections 5n and 5q and is considered appropriate to obtain a license, to be a member of the household of a group child care home or family child care home, or to be a child care staff member. A comprehensive background is required to determine eligibility.

A complete signed and dated consent and disclosure form is required for all child care staff members before fingerprint information is entered in the CCBC system. Consent and disclosure forms should be kept in a secure location and retained for four years after the person has left employment. Consent and disclosure forms can be found here www.michigan.gov/ccbc.

This form is important for several reasons:

- 1) The Consent and Disclosure form provides instructions to the applicant on how to appeal their criminal history record information if they feel that there is an inaccuracy in their record.
- 2) The form reminds applicants and licensees of the statutory requirement under MCL 722.115e to report arraignments and convictions for crimes listed in section 5r within 3 business days.
- 3) The form contains personal information required for completing a comprehensive background check. Omitting or providing false information on this form will result in a determination of ineligible for that application. Therefore, the department may request a copy of the Consent and Disclosure form to assure that the applicant did not knowingly falsify or omit information such as, but not limited to; names previously used or states previously resided in.

While awaiting results of the comprehensive background check an individual may serve as a child care staff member if the individual is supervised **at all times** by an eligible staff member. Supervised at all times means the eligible staff member can see and hear the individual at all times. Example: if the eligible staff member needs to use the restroom

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 4 of 6

R400.1904a

another eligible staff member must step in to supervise the individual prior to them leaving the room.

Michigan State Police (MSP), the Federal Bureau of Investigation (FBI) and LARA will periodically request a copy of the Consent and Disclosure form to ensure compliance. MSP and the FBI have Criminal Justice Information Services (CJIS) policies which require a Consent form. Both MSP and the FBI audit LARA to ensure individuals fingerprinted under the child care reason code are aware of their rights and responsibilities as documented in this form. As the department is periodically audited by the FBI/MSP to ensure compliance with CJIS policies, we may request that a copy of the Consent and Disclosure form be provided.

On occasion, the department may become aware of additional aliases or states of residency not disclosed into the CCBC system. When this occurs, the department may request a copy of the Consent and Disclosure form to assess whether or not the individual was knowingly attempting to falsify or omit information in connection with the background check.

Falsifying and omitting information in connection with a comprehensive background check will result in an applicant being found ineligible for that application. If there are concerns that an applicant may have omitted or falsified information in the Consent and Disclosure form and by extension the CCBC System, the department may request to view the form.

Once an applicant completes the Consent and Disclosure form, they should be provided a copy of their form for future use.

The CCBC [Forms and Resources](#) has a PowerPoint training guide for using the Child Care Background Check System.

For questions, contact the CCBC unit at 844-765-2247.

Frequently Asked Questions for using the CCBC system can be found here [FAQ](#)

The Consent and Disclosure form must have an original signature. Digital signatures will not be accepted.

Refer to section R 400.1925 for more information on eligibility requirements and background checks.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 5 of 6

R400.1904a

R 400.1904a (4)

- (4) A child care staff member shall conduct himself or herself in a manner that is conducive to the welfare of children and be able to meet the needs of children and provide for their care, supervision, and protection.**

Rationale

Ensures the safety and welfare of children. Ensures child care staff members exhibit mature, responsible behavior and have the ability to respond appropriately to children's needs.

Technical Assistance

722.115m(b) "Conducive to the welfare of the children" means:

- (i) The service and facility comply with this act and the administrative rules promulgated under this act.
- (ii) The disposition, temperament, condition, and action of the applicant, licensee, licensee designee, program director, child care staff member, and member of the household promote the safety and well-being of the children served.

722.115m(3) To assess whether the service, facility, applicant, licensee, child care staff member, or member of the household is conducive to the welfare of the children, the department may utilize available information, including, but not limited to, any of the following:

- a) Investigative report, such as a law enforcement report and a children's protective services report.
- b) Medical report.
- c) Public record.
- d) Child care center, group child care home, or family child care home record.
- e) Inspection of the child care center, group child care home, or family child care home.

All child care staff members working directly with children, have the responsibility to meet the basic needs of each individual child and to ensure their safety and well-being. Providing appropriate care and supervision of all children in care involves:

- Maintaining required *child care staff member-to-child* ratios.
- Providing a program that meets the developmental needs of all children in care.
- Interacting with each child in a positive manner.
- Knowing what activities all children are engaged in.
- Knowing the whereabouts of each child at all times.
- Being close enough to the children to provide for their safety.

A child care staff member may need to be away from their assigned area of the home for a brief period of time for routine activities such as use of restroom, toileting a child, attending to a sick child, escorting children from the bus, etc. In those situations, children must not be left unattended. If multiple child care staff members are in the room, a

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 6 of 6

R400.1904a

replacement child care staff member may not be necessary unless there is a significant disruption in the room, children's needs are not being met or absences are too lengthy or too frequent.

Volunteers not acting as child care staff members have the responsibility for providing appropriate care of children. This includes, but is not limited to:

- Interacting with children in a positive manner.
- If working with an individual child, knowing the whereabouts and activities of that child.
- Following the volunteer policy of the home.

Consultation

Additional screening tools available for assessing conduciveness of child care staff members in addition to the requirements of R 400.1906(1)(g), include: checking references.

The following publications are available on the department's website at [Child Care Resources](#)

- Keeping Track at all Times: Preventing Lost Children (BCAL-Pub 687).
- Biting: What Can I Do To Stop It (BCAL-Pub 688).
- Fussy Baby (BCAL-Pub 689).
- Positive Discipline - Including the Proper Use of Time Out (BCAL PUB-787).

R 400.1904a (5)

(5) A child care staff member may substitute for the licensee pursuant to R 400.1903(1)(c).

Rationale

Ensures the safety and welfare of children by having someone in attendance at all times who is qualified to respond to common life-threatening emergencies.

Technical Assistance

Only a child care staff member with current CPR and first aid may substitute for the licensee when they are unable to provide care.

Notification to parents must be provided for each absence and may be verbal, in writing or posted in the home in a location easily visible to parents.

Notification must include the name of the child care staff member providing the care.

See Rule 400.1904a(2) (a-c) for CPR/first-aid requirements.

Consultation

It is recommended that this notice be in writing and that copies are kept for a minimum of four years.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 1 of 6

R400.1904b

R 400.1904b Child care assistant; requirements.

(1) A child care assistant shall be 14 to 17 years of age.

R 400.1904b (2)

(2) Prior to contact with children, the individual shall be determined by the department to be eligible to serve as a child care assistant, as required by R 400.1925.

Eligibility is determined through the comprehensive background check process. In order to receive a determination, the individual must be entered into the Child Care Background Check (CCBC) system by the person authorized to use the system and then fingerprinted under the Child Care Licensing (CCL) Reason Code. Upon receipt of the fingerprint results, all remaining registry checks will be completed by the department. Any applicant who has resided out of state or country within the past 5 years is required to submit additional information in order to complete the comprehensive background check. This may include the submission of additional forms and fees required by state(s) in order to complete the remaining components of the comprehensive background check.

To be “eligible” means that the individual obtained the checks and clearances described in sections 5n and 5q and is considered appropriate to obtain a license, to be a member of the household of a group child care home or family child care home, or to be a child care staff member. A comprehensive background is required to determine eligibility.

A complete signed and dated consent and disclosure form is required for all child care staff members before fingerprint information is entered in the CCBC system. Consent and disclosure forms should be kept in a secure location and retained for four years after the person has left employment. Consent and disclosure forms can be found here www.michigan.gov/ccbc.

This form is important for several reasons:

- 1) The Consent and Disclosure form provides instructions to the applicant on how to appeal their criminal history record information if they feel that there is an inaccuracy in their record.
- 2) The form reminds applicants and licensees of the statutory requirement under MCL 722.115e to report arraignments and convictions for crimes listed in section 5r within 3 business days.
- 3) The form contains personal information required for completing a comprehensive background check. Omitting or providing false information on this form will result in a determination of ineligible for that application. Therefore, the department may request a copy of the Consent and Disclosure form to assure that the applicant did not knowingly falsify or omit information such as, but not limited to; names previously used or states previously resided in.

While awaiting results of the comprehensive background check an individual may serve as a child care staff member if the individual is supervised **at all times** by an eligible staff

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 2 of 6

R400.1904b

member. Supervised at all times means the eligible staff member can see and hear the individual at all times. Example: if the eligible staff member needs to use the restroom another eligible staff member must step in to supervise the individual prior to them leaving the room.

Michigan State Police (MSP), the Federal Bureau of Investigation (FBI) and LARA will periodically request a copy of the Consent and Disclosure form to ensure compliance. MSP and the FBI have Criminal Justice Information Services (CJIS) policies which require a Consent form. Both MSP and the FBI audit LARA to ensure individuals fingerprinted under the child care reason code are aware of their rights and responsibilities as documented in this form. As the department is periodically audited by the FBI/MSP to ensure compliance with CJIS policies, we may request that a copy of the Consent and Disclosure form be provided.

On occasion, the department may become aware of additional aliases or states of residency not disclosed into the CCBC system. When this occurs, the department may request a copy of the Consent and Disclosure form to assess whether or not the individual was knowingly attempting to falsify or omit information in connection with the background check.

Falsifying and omitting information in connection with a comprehensive background check will result in an applicant being found ineligible for that application. If there are concerns that an applicant may have omitted or falsified information in the Consent and Disclosure form and by extension the CCBC System, the department may request to view the form.

Once an applicant completes the Consent and Disclosure form, they should be provided a copy of their form for future use.

The CCBC [Forms and Resources](#) has a PowerPoint training guide for using the Child Care Background Check System.

For questions, contact the CCBC unit at 844-765-2247.

Frequently Asked Questions for using the CCBC system can be found here [FAQ](#)

The Consent and Disclosure form must have an original signature. A digital signature will not be accepted.

Refer to section R 400.1925 for more information on eligibility requirements and background checks.

R 400.1904b (3)

(3) Within 90 days of hire, a child care assistant shall provide the licensee all of the following:

- (a) A valid certification in infant, child, and adult CPR.**
- (b) A valid certification in first aid.**
- (c) Proof of training in the prevention of infectious disease, including immunizations. Hours of training in the prevention of infectious disease from MiRegistry will be allowed to count for training hours to meet this requirement.**

Rationale

Ensures the safety and welfare of children by having someone in attendance who is qualified to respond to common life-threatening emergencies.

Technical Assistance

Anyone providing care in any circumstance **MUST** meet this requirement and all other requirements of a child care staff member.

MCL 722.112a, (1) A child caring institution, foster family home, foster family group home, child care center, group child care home, and family child care home shall **have individuals present**, as prescribed in the appropriate administrative rules, who have current certification in first aid and cardiopulmonary resuscitation obtained through the American Red Cross, the American Heart Association, or an equivalent organization or institution approved by the department.

First aid/CPR certification must be received from a person certified as a Red Cross instructor or certified by another organization approved by the department. See the department's website (www.michigan.gov/michildcare-training) for the current list of approved organizations.

An in-person skills test must be completed if CPR and first aid training is completed online. The online training and the in-person skills test must be administered by one of the approved organizations. Documentation of completion of both the online portion and in-person skills test must be maintained.

Verification of CPR/First Aid Training

A receipt of payment for the session is not verification of certification attendance or participation. Copies of both sides of the card, final certificate, a statement on agency letterhead, or the eCard are acceptable verification of CPR/first aid certification.

The statement on agency letterhead must be issued from the training organization or trainer and include the date of the course, the name of the training organization or trainer and the topic covered.

See R 400.1905 for more information on acceptable verification of training.

Note – Prevention of infectious disease and immunization training has replaced the requirement for Bloodborne Pathogen training.

Technical Assistance

MIOSHA Bloodborne Infectious Diseases Online Training Program: [MIOSHA online training](#)

For additional information regarding communicable diseases and reporting as well as immunizations, contact your local health department. A listing of county health departments can be found at [MDHHS local health departments](#)

Training is available at [MiRegistry](#) in Health and Safety Training for Licensed Child Care Providers, Courses 1 and 2. Health and Safety Training for Licensed Child Care Providers Course 1 includes:

- Prevention and Control of Infectious Diseases (including Immunizations)
- Administration of Medication
- Prevention and Response to Emergencies due to food and allergic reactions
- Child Development (birth to 5 years)

Note – Prevention of infectious disease and immunization training has replaced the requirement for Bloodborne Pathogen training.

See R 400.1905 for more information on acceptable verification of training.

R 400.1904b (4)

- (4) A child care assistant shall be supervised directly at all times by the licensee or a child care staff member who is present on site and can observe the child care assistant.**

Technical Assistance

Direct Supervision generally means to be physically present, or within an immediate distance, such as on the same floor and available to respond to the need of something or someone.

R 400.1904b (5)

- (5) A child care assistant shall conduct himself or herself in a manner that is conducive to the welfare of children.**

Rationale

Ensures the safety and welfare of children. Ensures child care staff assistants exhibit mature, responsible behavior and have the ability to respond appropriately to children's needs.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 5 of 6

R400.1904b

722.115m(b) "Conducive to the welfare of the children" means:

- (i) The service and facility comply with this act and the administrative rules promulgated under this act.
- (ii) The disposition, temperament, condition, and action of the applicant, licensee, licensee designee, program director, child care staff member, and member of the household promote the safety and well-being of the children served.

Conducive to the welfare of children also includes the licensee:

- Is truthful to the department and the public.
- Is capable of making appropriate judgements.
- Is knowledgeable of the developmental needs of children of varying ages.
- Conducts self in a way so that rule requirements are met.

722.115m(3) To assess whether the service, facility, applicant, licensee, child care staff member, or member of the household is conducive to the welfare of the children, the department may utilize available information, including, but not limited to, any of the following:

- a) Investigative report, such as a law enforcement report and a children's protective services report.
- b) Medical report.
- c) Public record.
- d) Child care center, group child care home, or family child care home record.
- e) Inspection of the child care center, group child care home, or family child care home.

Child care assistants working directly with children under the supervision of the licensee or adult child care staff member, have the responsibility to meet the basic needs of each individual child and to ensure their safety and well-being. Providing appropriate care and supervision of all children in care involves:

- Interacting with each child in a positive manner.
- Knowing what activities all children are engaged in.
- Knowing the whereabouts of each child at all times.
- Being close enough to the children to provide for their safety.

Volunteers not acting as child care assistants have the responsibility for providing appropriate care of children. This includes, but is not limited to:

- Interacting with children in a positive manner.
- If working with an individual child, knowing the whereabouts and activities of that child.
- Following the volunteer policy of the home.

Consultation

Additional screening tools available for assessing conduciveness of child care staff assistants in addition to the requirements of R 400.1906(1)(g), include checking references.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 6 of 6

R400.1904b

The following publications are available on the department's website at [Child Care Resources](#)

- Keeping Track at all Times: Preventing Lost Children (BCAL-Pub 687).
- Biting: What Can I Do To Stop It (BCAL-Pub 688).
- Fussy Baby (BCAL-Pub 689).
- Positive Discipline - Including the Proper Use of Time Out (BCAL PUB-787).

R 400.1904b (6)

(6) A child care assistant shall not substitute for the licensee or a child care staff member.

R 400.1904b (7)

(7) A child care assistant shall not drive a vehicle that is transporting children.

Rationale

Driving children is an important and significant responsibility. Anyone who transports children must be competent to drive the vehicle.

R 400.1904b (8)

(8) The licensee is responsible for the actions of a child care assistant who has contact with or access to children who are cared for in a child care home.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 1 of 6

R400.1905

R 400.1905 Training.

- (1) A licensee shall complete not less than 10 clock hours of training each calendar year related to child development, program planning, and administrative management for a child care business, not including CPR, first aid, and infectious disease, including immunizations, training.**

Rationale

Ongoing training improves the quality of care and ensures access to current knowledge or trends. Licensees with training are better able to prevent, recognize and correct health and safety problems and promote children's healthy development.

Technical Assistance

Training topics may include but are not limited to:

- Child development - language, social, emotional, physical, intellectual.
- Programming for various age groups - e.g., math, science, dramatic play, art
- Managing children's behavior
- Health and safety
- Nutrition for young children
- Caring for children with special needs or chronic medical conditions
- Workshops on games and toys
- Lead-risk, radon gas, emergency preparedness, crisis management, fire safety, water safety

All family and group home applicants that complete the child care home orientation training will receive six clock hours of training.

All licensees will receive one clock hour of annual training for reading all the home-related articles in three different issues of Michigan Child Care Matters and pass the tests associated with those issues during the calendar year. You must maintain your own documentation that you passed the tests by printing a copy of the test results page or the certificate for each test you pass for your records.

Refer to subrule (6) of this rule regarding acceptable verification of participation in training.

Equivalencies

- 60 minutes equals one clock hour of training.
- One semester hour of college credit is equivalent to 15 hours of training.
- One term hour is equivalent to 10 hours of training.
- One CEU is equivalent to 10 hours of training.

Note: Training sessions must be a minimum of 30 minutes in duration to be counted toward training hours.

Consultation

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 2 of 6

R400.1905

Resources and information about early learners in care can be found at the Office of Great Start website www.michigan.gov/greatstart.

Refer to R 400.1905(5) for training resources.

R 400.1905 (2)

- (2) A child care staff member and a child care assistant shall complete not less than 5 clock hours of training each calendar year related to child development and caring for children, not including CPR, first aid, and infectious disease, including immunizations, training.**

Rationale

Ongoing training improves the quality of care and ensures access to current knowledge or trends. Child care staff members and child care assistants with training are better able to prevent, recognize and correct health and safety problems and promote children's healthy development.

Technical Assistance

Training topics may include but are not limited to:

- Child development - language, social, emotional, physical, intellectual.
- Programming for various age groups - e.g., math, science, dramatic play, and art.
- Managing children's behavior.
- Health and safety.
- Nutrition for young children
- Caring for children with special needs or chronic medical conditions.
- Workshops on games and toys.
- Lead-risk, radon gas, emergency preparedness, crisis management, fire safety, water safety

Licensees must maintain copies of each child care staff member's and child care assistant's documentation that includes the date, time, number of hours, location, trainer/sponsor, and training topic.

Child care staff members and child care assistants should also maintain this documentation of their participation in training.

Note: Training records of child care staff members and child care assistants employed less than one year do not need to be submitted at renewal.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 3 of 6

R400.1905

Acceptable verification may include:

- Certificate signed by the trainer or sponsoring organization.
- Signed statement by the trainer or sponsoring organization.
- Program booklets/flyers with name badge and receipt.
- College transcript or CEU certificate
- MiRegistry log of documented training.

Licensees may provide training for their child care staff members and child care assistants. However, this training may not be counted towards the licensee's own annual training requirements.

Note: 60 minutes = 1 clock hour of training. Training sessions must be a minimum of 30 minutes in duration to be counted as training hours.

Anyone providing care in any circumstance other than an emergency **MUST** meet this requirement and all other requirements of a child care staff member or child care assistant.

Consultation

Resources and information about early learners in care can be found at the Office of Great Start website www.michigan.gov/greatstart.

Refer to R 400.1905(5) for training resources.

R 400.1905 (3)

- (3) A licensee shall ensure that child care staff members and child care assistants, prior to caring for children, have training that includes information on all of the following**
- (a) Safe sleep practices to prevent sudden infant death syndrome.**
 - (b) Recognition of and the reporting of child abuse and neglect.**
 - (c) Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.**

Rationale

Ensures for the safety and well-being of young children by educating child care staff members and child care assistants about safe sleep practices and the physical hazards associated with shaking a baby.

Technical Assistance

Licensees may provide training for child care staff members and child care assistants. However, this training may not be counted towards the licensee's own annual training requirements.

All licensees must maintain copies of the documentation of this training on file in the child care home for review by the licensing consultant.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 4 of 6

R400.1905

Consultation

A free training on infant safe sleep and the licensing rules related to infant safe sleep is available at https://www.michigan.gov/lara/0,4601,7-154-89334_63294_5529_49572_49583--,00.html

Training regarding recognition of and the reporting of child abuse and neglect and prevention of shaken baby syndrome, abusive head trauma, and child maltreatment can be completed on MiRegistry <https://www.miregistry.org>

Refer to R 400.1905(5) for additional training resources.

R 400.1905 (4)

(4) Within 90 days after receiving a child care license or of being hired at a child care home, a licensee, a child care staff member, and a child care assistant shall complete training on all of the following topics:

- (a) Child development.**
- (b) Administration of medication.**
- (c) Prevention of and response to emergencies due to food and allergic reactions.**
- (d) Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.**
- (e) Precautions in transporting children.**
- (f) Building and physical premises safety.**
- (g) All hazards emergency preparedness and response planning.**

R 400.1905 (5)

(5) Training hours may include completion of any of the following:

- (a) Sessions offered by community groups, faith-based organizations, and child care home associations.**
- (b) Trainings, workshops, seminars, and conferences on early childhood, child development, or child care administration offered by early childhood organizations.**
- (c) Workshops and courses offered by local or intermediate school districts, colleges, and universities.**
- (d) Online courses.**
- (e) Training and courses offered through MiRegistry.**

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 5 of 6

R400.1905

R 400.1905 (6)

- (6) Completion of the required training must be verified by a document, signed by the trainer or an authorized individual, which must be kept on file or available online at MiRegistry.**

Rationale

Provides child care staff members and child care assistants with a wide variety of training options.

Technical Assistance

Video, distance learning, correspondence, and online trainings must be facilitated and validated by a trainer/facilitator and include a feedback component.

Example 1: A group of six child staff members get together to watch a video on developmentally appropriate practices. A facilitator is selected from the group to lead a discussion following the video. Upon completion of the session, the child care staff member that was selected to facilitate provides each person, with verification of completion of this training session. The facilitator does not receive training hours for facilitating the group. With appropriate verification, licensing will accept this training as meeting R 400.1904a or R 400.1904b.

Example 2: A licensee enrolls in a self-study course that provides worksheets to complete. The licensee is not required to submit his/her work to the trainer. As part of the course, a certificate of completion is included with the worksheets. Licensing will not accept this training as meeting R 400.1904a or R 400.1904b.

Example 3: A licensee viewed a video series on child development. The licensee recorded on the Training Record (BCAL-4590) that he/ she spent four hours watching this video series. Licensing will not accept this training as meeting R 400.1904a or R 400.1904b.

Example 4: All personnel take an online training on positive methods of discipline. At the end of the online training, the personnel must respond, in writing, to a series of questions related to how she can use positive methods of discipline with children in care. These responses are submitted online. A trainer reviews the responses and sends feedback to the personnel. With appropriate verification, licensing will accept this training as meeting R 400.1904a or R 400.1904b.

Example 5: The use of educational curriculum, magazines and books, while a means to enhance the personnel's personal growth and development, are not facilitated and validated by a trainer. Licensing will not accept these as meeting R 400.1904a or R 400.1904b.

Exception: Refer to subrule (1) of this rule for how reading issues of Michigan Child Care Matters may be counted.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 6 of 6

R400.1905

Refer to subrule (6) of this rule regarding verification of training.

Consultation

Training opportunities are available through a variety of sources including but not limited to:

- Department of Licensing and Regulatory Affairs, Child Care Licensing, www.michigan.gov/michildcare and your licensing consultant.
- Great Start to Quality Regional Resource Centers - (877) 6147328 or www.greatstarttoquality.org.
- Michigan Association for the Education of Young Children - www.miaeyc.org.
- National Association for Family Child Care - www.nafcc.org.
- Department of Health and Human Services - www.michigan.gov/mdhhs.
- Department of Health and Human Services, Infant Safe Sleep www.michigan.gov/safesleep.
- Michigan Department of Education, Office of Great Start www.michigan.gov/greatstart.
- Afterschool Alliance- www.afterschoolalliance.org. • Michigan AfterSchool Association www.miafterschool.com.
- Michigan After-School Partnership - www.miafterschool.org.
- Michigan Association for Infant Mental Health www.mi-aimh.org.
- Tomorrow's Child - www.tomorrowschildmi.org.
- Local hospitals, health departments and libraries.

Subrules (1) and (2) of this rule do not limit the number of hours of training from any one type of training resource, although it is best practice for personnel to attend several different types of trainings each year.

R 400.1905 (7) (8) & (9)

- (7) CPR and first aid training certification must be maintained according to the expiration dates on the individual's certification cards.**
- (8) The department may require additional training for violations based on the act or these rules. The additional training may include, but is not limited to, the safe sleep training available on MiRegistry or attending another orientation session conducted by the department.**
- (9) When the department of licensing and regulatory affairs or the department of education publishes a notice that a new health and safety update document or a new health and safety update training activity has been published on MiRegistry, the licensee shall ensure that all personnel read and acknowledge the document or complete the activity within 6 months of the notice.**

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 1 of 5

R400.1906

R 400.1906 Records of a licensee; child care staff member; child care assistant.

(1) A licensee shall maintain a file for each child care staff member and each child care assistant that includes all of the following:

- (a) The individual's first and last name, address, telephone number, and date of hire.**
- (b) Daily records detailing arrival times and departure times at the child care home.**
- (c) A statement signed by a licensed physician or his or her designee that attests to the individual's mental and physical health., and which must be updated as follows:**
 - (i) For an applicant or licensee, within 1 year before issuance of the initial license and at the time of subsequent renewals.**
 - (ii) For a child care staff member and a child care assistant, within 1 year prior to caring for children and at the time of subsequent renewals of the child care home's license.**
- (d) Other physician attestations and records as required in R 400.1919.**

Rationale

Ensures caregiving staff are physically, mentally and emotionally able to provide appropriate care and supervision of children and to promote children's healthy development.

Technical Assistance

Physician evaluations are acceptable from the following:

- A licensed Doctor of Medicine (MD).
- A licensed Doctor of Osteopathic Medicine (DO).
- A designee, which includes a physician assistant, nurse practitioner or nurse.

When a designee signs the evaluation, a physician's signature or stamp is not required on the form. If there is a question as to the validity of the document, the licensing consultant will contact the physician's office to verify its authenticity.

Any adult providing care in any circumstance **MUST** meet this requirement and all other requirements of a child care staff member or child care assistant.

Consultation

The Licensing Medical Request (BCAL-3704-CC) may be used to document medical information required by this rule. This form is located in the [forms](#) section of our [website](#).

TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES

Page 2 of 5

R400.1906

R 400.1906 (1)(e)(f)

(1) A licensee shall maintain a file for each child care staff member and each child care assistant that includes all of the following:

- (e) Training records, as defined in R 400.1905(5), which may also be viewed online at MiRegistry during an on-site inspection. [MiRegistry](#)**
- (f) A completed and signed Michigan Child Care Background Check Consent and Disclosure form as required in R 400.1925.**

Technical Assistance

A complete signed and dated consent and disclosure form is required for all child care staff members before fingerprint information is entered in the CCBC system. Consent and disclosure forms should be kept in a secure location and retained for four years after the person has left employment. Consent and disclosure forms can be found here www.michigan.gov/ccbc.

This form is important for several reasons:

1. The Consent and Disclosure form provides instructions to the applicant on how to appeal their criminal history record information if they feel that there is an inaccuracy in their record.
2. The form reminds applicants and licensees of the statutory requirement under MCL 722.115e to report arraignments and convictions for crimes listed in section 5r within 3 business days.
3. The form contains personal information required for completing a comprehensive background check. Omitting or providing false information on this form will result in a determination of ineligible for that application. Therefore, the department may request a copy of the Consent and Disclosure form to assure that the applicant did not knowingly falsify or omit information such as, but not limited to; names previously used or states previously resided in.

While awaiting results of the comprehensive background check an individual may serve as a child care staff member if the individual is supervised **at all times** by an eligible staff member. Supervised at all times means the eligible staff member can see and hear the individual at all times. Example: if the eligible staff member needs to use the restroom another eligible staff member must step in to supervise the individual prior to them leaving the room.

Michigan State Police (MSP), the Federal Bureau of Investigation (FBI) and LARA will periodically request a copy of the Consent and Disclosure form to ensure compliance. MSP and the FBI have Criminal Justice Information Services (CJIS) policies which require a Consent form. Both MSP and the FBI audit LARA to ensure individuals fingerprinted under the child care reason code are aware of their rights and responsibilities as documented in this form. As the department is periodically audited by the FBI/MSP to ensure compliance with CJIS policies, we may request that a copy of the Consent and Disclosure form be provided.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 3 of 5

R400.1906

On occasion, the department may become aware of additional aliases or states of residency not disclosed into the CCBC system. When this occurs, the department may request a copy of the Consent and Disclosure form to assess whether or not the individual was knowingly attempting to falsify or omit information in connection with the background check.

Falsifying and omitting information in connection with a comprehensive background check will result in an applicant being found ineligible for that application. If there are concerns that an applicant may have omitted or falsified information in the Consent and Disclosure form and by extension the CCBC System, the department may request to view the form.

Once an applicant completes the Consent and Disclosure form, they should be provided a copy of their form for future use.

The CCBC [Forms and Resources](#) has a PowerPoint training guide for using the Child Care Background Check System.

For questions, contact the CCBC unit at 844-765-2247.

Frequently Asked Questions for using the CCBC system can be found here [FAQ](#)

R 400.1906 (1)(g)

(1) A licensee shall maintain a file for each child care staff member and each child care assistant that includes all of the following:

- (g) A written statement, signed and dated by the child care staff member or child care assistant at the time of hiring, indicating all of the following information:**
 - (i) The individual is aware that abuse and neglect of children is unlawful.**
 - (ii) The individual knows that he or she is mandated by law to report child abuse and neglect.**
 - (iii) The individual has received a copy of the licensee's discipline policy.**

Rationale

Ensures personnel records are organized, maintained, and readily available during licensing inspections and/or investigations.

Ensures personnel are aware of the laws regarding child abuse and neglect and their responsibility to report suspected abuse/neglect.

Technical Assistance

Daily records may include time cards, time sheets, logs documenting personnel names, date worked, and arrival and departure times.

If records are kept electronically records must be accessible upon request. If records are not available during an onsite inspection the licensee is in violation of these rules.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 4 of 5

R400.1906

R 400.1906(1)(c) - The Licensing Medical Request (BCAL-3704-CC) may be used to document medical information required by this rule. This form is located in the [forms](#) section of our [website](#).

R 400.1906(1)(g) (i-iii) – The BCAL-4595 may be used by child care staff members and child care assistants to comply with this rule. This form is located in the [forms](#) section of our [website](#).

An electronic signature from a staff person or volunteer is acceptable.

Child care staff members and volunteers, and child care assistants (including minors) of a child care home are mandated reporters. Under the Child Protection Law, center employees and volunteers must contact Children's Protective Services (CPS) **immediately** when they suspect child abuse and/or neglect.

- The immediate verbal report must be made to Centralized Intake by calling (855) 444-3911. The verbal report must be followed by a written report. The written report must be submitted within 72 hours. DHHS encourages the use of the Report of Suspected or Actual Child Abuse or Neglect (DHS-3200) form which includes all the information required by the law. The written report may be faxed to (616) 977-1154 or (616) 977-1158 or emailed to DHS-CPS-CIGroup@michigan.gov.
- *The immediate online report eliminates the requirement to fill out a DHS-3200 form. To report online, you can register as a mandated reporter at [Mi Bridges Mandated Reporters](#)*

Reporting the situation to the licensee or another staff person does not relieve the home employee or volunteer of their mandated responsibility to report to CPS.

When child abuse and/or neglect is suspected, the home employee or volunteer needs to **only** obtain enough information to make a report. If a child starts disclosing information regarding abuse and/or neglect, the home employee/volunteer must ask **only** open-ended questions, if necessary, to determine whether a report needs to be made to CPS. The child must not be led during the conversation. The home employee/volunteer must not attempt to conduct their own investigation either before reporting it to CPS or during the CPS investigation.

Consultation

Determining when to report situations of suspected child abuse/neglect can be difficult. When in doubt, contact Centralized Intake for consultation. Below are some commonly accepted warning signs associated with various forms of child abuse/neglect. Note that the warning signs below, in and of themselves, are not the only indicators of child abuse/neglect and, if present, do not always mean a child is being abused or neglected.

Physical Abuse: Sores, burns, bruises, injuries on body and a reluctance or vagueness about where these originated. Injuries may not match the explanation.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 5 of 5

R400.1906

Neglect: Consistent signs of hunger, inappropriate dress, poor hygiene (unwashed clothes, hair and body odor); regularly displays fatigue or listlessness; unattended medical needs.

Sexual Abuse: Unusual sexual awareness or behavior. Inappropriate sexual behavior such as attempting to insert tongue in someone's mouth; pain, itching, bleeding, or bruises in the genital area; persistent sexual play with other children, themselves, toys, or pets; withdrawal or depression.

Other signs of possible abuse or neglect include:

- Extremely aggressive and/or passive behavior.
- Delays in development.
- Fear of parents or adults.
- Unusually shy, avoids other children and adults.
- Avoids physical contact.
- Apt to seek affection from any adult.
- Reports of being hurt or abused.

For more information on reporting suspected child abuse and neglect, refer to the mandated reporter's website at [Mandated Reporters](#). The Mandated Reporter's Resource Guide (DHS-Pub 112) is also available online at [Mandated Reporters' Resource Guide](#). Also see the publication *The Role of Professional Child Care Providers in Preventing and Responding to Child Abuse and Neglect* at [Child Welfare Information Gateway](#).

Rule 1906 (2)

(2) The records in this rule must be retained for the duration of the individual's employment and a minimum of 4 years after the individual has left the employment of the licensee.

Rationale

Ensures personnel records are organized, maintained, and readily available during licensing inspections and/or investigations.

Technical Assistance

Records must be accessible upon request. If records are not available during an onsite inspection the licensee is in violation of these rules.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 1 of 7

R400.1907

R 400.1907 Child's record.

(1) Prior to a child's initial attendance, a licensee shall obtain the following documents:

(a) A completed child information card on a form provided by the department or a comparable substitute approved by the department.

Rationale

Ensures personnel have contact and medical information for each child.

Technical Assistance

"Initial attendance" means the moment a child is left in the licensee's care.

To demonstrate compliance with this subrule, the Child Information Record (BCAL-3731) or a comparable substitute (approved by the department) must be accurate and complete. Unless otherwise indicated on the card, ALL requested information must be provided. If the information cannot be obtained or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

The Child Information Record (BCAL-3731) is located in the [forms](#) section of our [website](#).

The BCAL-3731 was updated in July 2018. Child Information Records (BCAL-3731) dated prior to June 2017 are obsolete. The June 2017 version makes it optional to list a second parent/legal guardian's information. If a second parent/legal guardian is not listed, all the information regarding that parent/legal guardian can be left blank.

Children may be released to a parent/legal guardian or other individual named in the release of child sections on the BCAL-3731.

Note: A separate BCAL-3731 (or comparable substitute) must be completed for each child in care.

Consultation

This rule does not require the BCAL-3731 (or comparable substitute) to be notarized. However, licensee's should check with the local hospital(s) as some do require the card to be notarized prior to treating a child.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 2 of 7

R400.1907

R 400.1907 (1)(a)

(1) Prior to a child's initial attendance, a licensee shall obtain the following documents:

(a) A child in care statement or receipt using a form provided by the department and signed by the parent certifying all of the following:

- (i) Receipt of written disciplinary policy.**
- (ii) Condition of the child's health.**
- (iii) Acknowledgement that the parent has been offered either a copy of the licensing rules for a child care home or has been given the website for an electronic copy of these rules.**
- (iv) Agreement as to who will provide food for the child.**
- (v) Acknowledgement that fire arms on the premises, if applicable.**
- (vi) If the child care home was built prior to 1978, then the licensee shall inform the parents of each child in care and all personnel of the potential presence of lead-based paint or lead dust hazards, unless the licensee maintains documentation from a lead testing professional that the home is lead safe.**

Technical Assistance

"Initial attendance" means the moment a child is left in the licensee's care.

A Child in Care Statement/Receipt (BCAL-3900) must be used to document the information required by this sub-rule.

A single BCAL-3900 may be used for all children in the same family.

The BCAL-3900 is located in the [forms](#) section of our [website](#).

Effective May 27, 2010, the Child Care Organizations Act (1973 PA 116) requires licensees to maintain a licensing notebook which includes all licensing inspection and special investigation reports and related corrective action plans (CAP). The notebook must also include a summary sheet outlining all the reports and CAPs contained in the notebook. The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed. Providers must notify parents of the notebook and that it is available for review during regular business hours. This notification is listed on the BCAL-3900.

Child care staff members and child care assistants must be informed of the potential presence of lead based paint or lead dust hazards if the child care home was built prior to 1978.

If licensing consultants receive documentation from a licensee that the home is not lead safe, consultants are not to cite a violation with this sub-rule. If there is flaking or deteriorating paint on interior or exterior surfaces, see R 400.1932(6).

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 3 of 7

R400.1907

Consultation

The Child Care Staff Member and Child Care Assistant Certifications (BCAL-4595) form may be used to document that information on lead-based paint was provided to child care staff members and child care assistants. The BCAL-4595 is in the [forms](#) section of our [website](#).

Effective May 27, 2010, the Child Care Organizations Act (1973 PA 116) requires licensees to maintain a licensing notebook which includes all licensing inspection and special investigation reports and related corrective action plans (CAP). The notebook must also include a summary sheet outlining all the reports and CAPs contained in the notebook. The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed. Providers must notify parents of the notebook and that it is available for review during regular business hours. This notification is listed on the BCAL-3900.

The Licensing Notebook Summary Sheet (BCAL-5052) may be used as the required summary sheet in the licensing notebook. The BCAL-5052 is in the [forms](#) section of our [website](#).

It is recommended that when inspection reports and related CAPs are added to the licensing notebook, the licensee notify parents within three business days of the receipt of the report or approval letter for the CAP.

R 400.1907 (1)(b)(c)

- (1) Prior to a child's initial attendance, a licensee shall obtain the following documents:**
 - (b) Documentation that immunizations and boosters, as recommended by the state department of health and human services, are any of the following:**
 - (i) Have been completed.**
 - (ii) Are in progress.**
 - (iii) Are not being administered due to religious, medical, or other reasons based on a waiver signed by the parent.**
 - (c) If a parent objects to emergency medical treatment on religious grounds, the parent shall provide a signed statement that he or she assumes responsibility for all emergency care.**

Rationale

Routine immunization at the appropriate age is the best means of preventing vaccine-preventable diseases for both the child who is immunized and other children to which they are exposed.

Technical Assistance

"Initial attendance" means the moment a child is left in the licensee's care.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 4 of 7

R400.1907

A Child in Care Statement/Receipt (BCAL-3900) must be used to document the information required by this rule. A single BCAL-3900 may be used for all children in the same family.

Copies of a child's immunizations records are not required.

Information pertaining to required immunizations for Michigan child care/preschool attendance can be obtained from the MDHHS website [Immunization Program](#) or the Michigan Care Improvement Registry website [MICR](#) (School & Child Care).

The Center for Disease Control (CDC) recommends additional immunizations. Additional information on the CDC's recommendations can be obtained from the CDC [Vaccines & Immunizations](#).

MDHHS has developed flu information materials for child care providers. It is recommended that the home post this information in an area for parents to review and to remind parents that to be protected, children need to be given the flu vaccine every year.

For more information on the flu and flu vaccines, please go to our [website](#).

The following chart outlines required and recommended immunizations for children birth to five years of age.

Required Immunizations for Michigan Child Care/Preschool Attendance							
This table represents the minimum required immunizations for child care centers.							
AGE Vaccine#	Birth through 1 mo.	2 mo. through 3 mo	4 mo. through 5 mo.	6 mo. Through 15 mo.	16 mo. Through 18 mo.	19 mo. Through 4 years	5 years
Diphtheria, tetanus & pertussis (DTaP)	None	1 dose	2 doses	3 doses	3 doses	4 doses	
Pneumococcal Conjugate [PCV7 and/or PCV13] (required after 1/1/07)	None	1 dose	2 doses	3 doses	4 doses or age appropriate complete series	1 dose on or after 24 mo. OR age appropriate complete series	None
H. Influenzas type B (Hib)	None	1 dose	2 doses		1 dose on or after 15 mo. OR age appropriate complete series		None

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 5 of 7

R400.1907

Polio	None	1 dose	2 doses	2 doses	3 doses
Measles* Mumps* Rubella*	None			1 dose after 12 months	
Hepatitis B	None**	1 dose	2 doses	2 doses	3 doses
Varicella* (Chickenpox)	None			1 dose on or after 12 months OR current lab immunity OR reliable history of disease	

Recommended Immunizations (In addition to the Required Immunizations Listed Above) (Centers for Disease Control)											
	Birth	1mo.	2mo.	3 mo.	4 mo.	6 mo.	12 mo.	15 mo.	19- 23 mo.	2-3 years	4-6 years.
Rotavirus+	None		1 dose	1 dose	1 dose						
Influenza	None					Yearly					
Hepatitis A	None						2 doses		Additional doses for high risk groups		
Meningococcal	None									For high risk groups	

All doses of vaccines must be given with appropriate spacing between doses and at appropriate ages to be considered valid.

Licensees are encouraged to share this chart with parents annually.

Parents can go to our [website](#) or click on this link for more information on immunizations. [Immunization Information.](#)

MDHHS has developed flu information materials for child care providers. It is recommended that the home post this information in an area for parents to review and to remind parents that to be protected, children need to be given the flu vaccine every year.

For more information on the flu and flu vaccines, please go to our [website](#).

R 400.1907 (2)

(2) Records in subrule (1) of this rule must be reviewed and updated annually or when information changes.

Rationale

Ensures personnel have current and accurate information.

Technical Assistance

The Child Information Record (BCAL-3731 or comparable substitute) and Child in Care Statement/Receipt (BCAL-3900) must be reviewed by the parent at least annually. Any changes needed must be made by having the parent do one of the following:

- Complete a new BCAL-3731 and/or BCAL-3900.
- Make the changes on the BCAL-3731 and/or BCAL-3900 and initialing and dating the changes.

If there are no updates when the parent completes the annual review of the forms, the parent can document the review by initialing and dating the forms. When the licensee learns of changes to the information on the BCAL-3731 or the BCAL-3900, the changes must be documented at that time as outlined above.

R 400.1907 (3)

(3) Dated daily attendance records of children in care must be maintained and include the child's first and last name and the time of arrival and departure. Electronic records may be used. If electronic records are used, they must be available to the department at the time of the inspection. If electronic attendance records are not available during an on-site inspection, the child care home is in violation of this rule

Rationale

Ensures personnel know which children are in care at any given time and assists in maintaining personnel to children ratios.

The department may need attendance records when conducting a complaint investigation or to resolve a licensing issue.

Technical Assistance

A licensee's attendance procedure may include having either personnel or parents be responsible for entering arrival and departure times or a combination of both. It is the licensee's responsibility to ensure attendance is accurate and is documented when the child arrives and departs, even if the procedure is for parents to sign children in and out.

Providers can keep attendance records electronically. It is the provider's responsibility to demonstrate all the following:

- The electronic attendance records are reliable.
- How attendance records would be maintained if the system was down.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 7 of 7

R400.1907

- How attendance records would be accessed if the system was down or in an emergency.

If electronic attendance records are not available during an on-site inspection, the home is in violation of this rule.

Refer to subrule (5) of this rule regarding attendance record retention.

Consultation

For more information on CDC-paid child care, go to [Child Development and Care: Providers](#).

If the home participates in the Child and Adult Care Food Program, the home may use the same form to document daily attendance and attendance for the food program. www.michigan.gov/cacfp.

R 400.1907 (4)

- (4) Children's records required by the department must be immediately accessible and stored in a location known to all personnel.**

Rationale

Ensures children's information can be readily accessed in the absence of the licensee.

Technical Assistance

Refer to subrule (1) of this rule and R 400.1918(7) for the children's records that are required by the department.

R 400.1907 (5)

- (5) The records in this rule must be retained for a minimum of 4 years from the date a child is no longer being cared for in the child care home.**

Rationale

The department may need past records when conducting a complaint investigation or to resolve a licensing issue.

Past records may assist the licensee in resolving licensing issues.

Technical Assistance

Records should be kept on-site for the current year and the two years prior to the current year while the child is enrolled. These records should be kept for 4 years after the child leaves the home.

Consultation

Homes are encouraged to store inactive files separately from active files.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 1 of 2

R400.1908

R 400.1908 Capacity.

- (1) The licensee shall ensure that the actual number of unrelated children in care at any 1 time does not exceed the number of children for which the child care home is licensed, not more than 6 children for a family child care home and not more than 12 children for a group child care home.**

Rationale

Ensures appropriate care and supervision will be provided to all children.

The Child Care Organizations Act (1973 PA 116, as amended) is the state law that defines a family child care home as a home that cares for at least one but fewer than seven unrelated children at any one time and a group child care home as a home that cares for more than six but fewer than 12 unrelated children at any one time.

Technical Assistance

Capacity relates only to the number of unrelated children in care at any one time. Children related to the licensee, any adult household members and child care staff members or assistants (only when personnel are present) do not count against the licensed capacity of the home.

The overlapping of children's schedules, which puts the number of children above the licensed capacity, is not permitted at any time.

Visiting children who are less than 6 years of age will be counted against the licensed capacity unless accompanied by an adult.

Visiting children who are 6 years of age and older (friends of the licensee's children, neighborhood children, etc.) are not counted against the licensed capacity as long as all the following requirements are met:

- They do not require direct care and supervision.
- The children's parents or other responsible person are at home and immediately available should the children need to be sent home.
- They are not interfering in any way with the care and supervision of the child care children or taking away from adequate space and equipment.

"Related" means in the relationship by blood, marriage, or adoption, as parent, grandparent, great-grandparent, great-great-grandparent, aunt or uncle, great-aunt or great-uncle, great-great-aunt or great-great-uncle, sibling, stepsibling, nephew or niece, first cousin or first cousin once removed, and the spouse of any of the individuals described in this definition, even after the marriage has ended by death or divorce.

Consultation

To ensure compliance with this subrule, the following best practices are recommended:

- Enrolling children carefully so there is no overlapping of schedules that exceed the capacity of the license.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page **2** of **2**

R400.1908

-
- Informing parents that a back-up care plan is necessary when parents are not able to drop off or pick up their children at the agreed-upon time.
 - Providing a written policy to parents regarding attendance and the necessity to follow the agreed-upon schedule for drop-off and pickup times.
-

R 400.1908 (2)

(2) This rule is not subject to the variance specified in R 400.1963.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 1 of 1

R400.1909

R 400.1909 Concurrent licensing.

- (1) A licensee who is concurrently licensed as a children's foster home provider shall so inform the parents of the children in care.**

Consultation

Best practice is to provide this information to parents in writing and obtain parental signatures as receipt of this information.

R 400.1909 (2)

- (2) A licensee who provides care for both child care and foster care children shall not care for more than 12 children, including all of the following:**
- (a) Children who are under 17 years of age and who are related to the licensee by blood, marriage, adoption, or legal guardianship.**
 - (b) The capacity of foster children identified on the foster care license.**
 - (c) All other children who are cared for on a part-time or full-time basis.**

Technical Assistance

A licensee with both a child care and foster care license must not care for more than 12 children at any one time.

The 12 children counted in the total capacity includes all of the following:

- Any children under the age of 17 residing in the home.
- Number of children shown on the foster care license.
- Number of child care children on the license.

To determine the capacity of the family or group child care home if also licensed to provide foster care:

- Add the number of children shown on the foster care license.
- Add the number of children under 17 years of age residing in the home. Do not count the number of foster children placed in the home.
- Subtract that number from 12.

The remainder is the child care license capacity.

R 400.1909 (3) & (4)

- (3) A licensee shall notify the department when applying for a foster care license.**
- (4) The department has the right to refuse concurrent licensing for child care if the health and safety of child care children could be at risk.**

Rationale

Ensures the department is aware of potential changes in the composition of the child care home.

Technical Assistance

For purposes of these subrules **department** refers to the Child Care Licensing Division.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 1 of 2

R400.1910

R 400.1910 Ratio of personnel to children.

- (1) The ratio of personnel to children present in the home at any 1 time must be not less than 1 member of the personnel to 6 children. The ratio must include all children in care who are not related to any personnel and any of the following children who are less than 6 years of age:**
- (a) Children of the licensee.**
 - (b) Children of a child care staff member or child care assistant.**
 - (c) Children related to any member of the household by blood, marriage, or adoption.**

Rationale

Ensures appropriate care and supervision is provided to all children.

Although personnel to child ratios alone do not predict the quality of care, direct warm social interaction between adults and children is more common and more likely with lower personnel to child ratios.

Technical Assistance

Ratio is determined by the number of children per personnel.

The licensee's own children or other children residing in the home under 6 years of age are not counted in the ratio if a spouse or other person is home and supervising these children. Foster care children are treated as the licensee's own children. The licensee's own children who are 6 years of age and older are not counted in the ratio.

Visiting children who are less than 6 years of age will be counted in the ratio unless accompanied by an adult.

Visiting children who are 6 years of age and older (friends of the licensee's children, neighborhood children, etc.) are not counted in the ratio as long as all the following requirements are met:

- They do not require direct care and supervision.
- The children's parents or other responsible person are at home and immediately available should the children need to be sent home.
- They are not interfering in any way with the care and supervision of the child care children or taking away from adequate space and equipment.

Consultation

To ensure compliance with this subrule, the following best practices are recommended:

- Enrolling children carefully so there is no overlapping of schedules that exceed the ratio.
- Informing parents that a back-up care plan is necessary when parents are not able to drop off or pick up their children at the agreed-upon time.
- Providing a written policy to parents regarding attendance and the necessity to follow the agreed-upon schedule for drop-off and pickup times.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 2 of 2

R400.1910

R 400.1910 (2)

- (2) For each member of the personnel, not more than 4 children shall be under the age of 30 months, with not more than 2 of the 4 children under the age of 18 months.**

Rationale

Low personnel to child ratios are most critical for infants and toddlers.

Ensures appropriate care and supervision is provided to all children.

Although personnel to child ratios alone do not predict the quality of care, direct warm social interaction between personnel and children is more common and more likely with lower personnel to child ratios.

Technical Assistance

The licensee's own children or other children residing in the home under 6 years of age are not included in the ratio if a spouse or other person is home and supervising these children. Foster care children are treated as the licensee's own children.

Consultation

To ensure compliance with this subrule, the following best practices are recommended:

- Know each child's birthday/age.
- Enroll children carefully to ensure compliance.

Refer to Appendix A of the licensing rule book.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 1 of 4

R400.1911

R 400.1911 Care; supervision; children.

- (1) A licensee shall ensure appropriate care and supervision of children at all times.**

Rationale

Ensures the safety and well-being of children as supervision is basic to the prevention of harm. Also ensures that children's basic needs are being met.

Technical Assistance

The licensee is responsible and accountable for:

- Providing a program that meets the developmental needs of all children in care.
- Using reasonable judgment when caring for children.
- Being close enough to the children to provide for their safety.
- Ensuring lighting in the napping area is sufficient to observe the children at all times.
- Everything that goes on in the home, including those times when children are left in the care of a child care staff member.

Effective monitoring of children must occur at all times regardless of whether direct or indirect supervision is being used. Individual judgment, as to the use of appropriate direct and indirect supervision, depends on circumstances unique to each home and child.

A number of factors should be considered when determining the appropriate level of supervision, including but not limited to:

- Ages of children.
- Number of children.
- Developmental needs, including any special needs, of each child.
- Health of the child, including common illnesses and chronic illnesses and conditions.
- Activities taking place, including water activities.
- Areas being used.
- Outdoor hazards.
- Field trips.

DIRECT SUPERVISION means the child care personnel are:

- In the same area as the children (e.g., single room, adjoining rooms).
- Immediately available to them.
- Directly overseeing their activities.
- Interacting with them.

INDIRECT SUPERVISION means the child care personnel are:

- Overseeing the children's activities from another area.
- Aware of the activities in which the children are involved.
- Providing regular, periodic direct supervision of children.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 2 of 4

R400.1911

School-age children bike in the immediate neighborhood or wait at a bus stop with written parental permission specifying:

- Clear boundaries for the children's travels.
- Time frames for checking out and checking back in.

Children, parents and child care personnel should have an understanding of the safety of the neighborhood.

Note: For the purposes of this rule, school-age is defined as any child attending kindergarten or a higher grade.

Visiting children of all ages (friends of the licensee's children, neighborhood children, etc.) can present supervisory issues. Child care personnel need to ensure that:

- The visiting children do not require direct care and supervision.
- The parents of the visiting children are at home and immediately available should the children need to be sent home.
- The visiting children are not interfering in any way with the care and supervision of the child care children or taking away from adequate space and equipment.

Consultation

The following publications are available on the department's website at [Child Care Resources](#)

- Keeping Track at all Times: Preventing Lost Children (BCAL-Pub 687)
- Biting: What Can I Do To Stop It (BCAL-Pub 688)
- Animals and Children: Friends or Foes (BCAL-Pub 685)
- Fussy Baby (BCAL-Pub 689).

R 400.1911 (2)

(2) A licensee or a child care staff member shall be present in the home at all times when children are in care.

Rationale

Ensures the safety and well-being of children as supervision is basic to the prevention of harm. Also ensures children's basic needs are being met.

R 400.1911 (3)

(3) A licensee and child care staff members shall be up and awake at all times when children are in care, except as provided in R 400.1922(2) of these rules.

Rationale

Ensures the safety and well-being of children as supervision is basic to the prevention of harm. Also ensures that children's basic needs are being met.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 3 of 4

R400.1911

R 400.1911 (4)

(4) A licensee and child care staff members shall know the location of each child at all times.

Rationale

Ensures the safety and well-being of children as supervision is basic to the prevention of harm. Also ensures children's basic needs are being met.

Technical Assistance

Refer to subrule (1) of this rule for the requirements regarding appropriate care and supervision.

Consultation

Keeping Track at All Times: Preventing Lost Children (BCAL-Pub 687) is available on the department's website at [Child Care Resources](#)

R 400.1911 (5)

(5) A licensee and child care staff members shall never leave a child unattended or with a minor in a vehicle.

Rationale

Ensures the safety and protection of children

R 400.1911 (6)

(6) A licensee or child care staff member shall at all times directly supervise children who are engaged in water activities or are near collections or bodies of water.

Rationale

- According to the US Consumer Products Safety Commission, in 2005, of all children between one to four years of age who died, almost 30% died from drowning. For every child who drowns, an additional four are hospitalized for near-drowning; and for every hospital admission, approximately four children are treated in hospital emergency rooms.
- An estimated 5,000 children ages 14 and under are hospitalized due to unintentional drowning-related incidents each year; 15 percent die in the hospital and as many as 20 percent suffer a severe, permanent neurological disability.
- An estimated 50 infants and toddlers drown each year in buckets containing liquid used for mopping floors and other household chores.
- Drowning is the second leading cause of accidental deaths of children ages five and under.
- Small children can drown within 30 seconds in as little as two inches of liquid.
- A child can drown in less time than it takes to answer the telephone. Irreversible brain damage can occur in three to five minutes.
- Most drownings happen in fresh water - often in home swimming pools.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 4 of 4

R400.1911

- Most children drown within a few feet of safety.
- Twenty-five percent of all drowning victims have had swimming lessons.
- Close continuous supervision is one essential factor in reducing the number of children's drownings and water related injuries.

Technical Assistance

Water activities are defined as a play activity where children are allowed to enter the water under adult supervision by playing in swimming/wading pools in the backyard and other swimming areas at lakes or public beaches. It also includes any other activities where children are in or on the water.

During water activities the child care personnel are responsible and accountable for all the following:

- Providing direct supervision at all times to children engaged in water activities or in the water activity area.
- Ensuring appropriate supervision of children who are engaged in non-water activities away from the immediate water activity area.
- Ensuring all children engaged in water activities can be easily observed.
- Ensuring telephone usage and other distractions are limited to emergencies.
- Ensuring water activity is appropriate and checking the water activity area for general safety.
- Ensuring inflatable toys and rings are used for play purposes only and not as safety devices.
- Ensuring adult to child ratio is maintained for all children in care.
- Ensuring a CPR-certified adult is supervising children in the water activity area.

Refer to R 400.1921 (1-11) regarding additional regulation for water hazards and water activities.

Consultation

To ensure compliance with this subrule, the following best practices are recommended:

- Ensure children are familiar with the rules for behavior in and around the water activity area.
- Ensure only strong swimmers are permitted to use, with caution, diving boards and water slides.
- Know the water depths and/or strength of currents when in natural water settings.
- At the swimming area, designate specific boundaries, both inside the water and on the shore or pool deck, for the child care children.
- Institute a buddy system for the children.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 1 of 2

R400.1912

R 400.1912 (1) – (6) Infant; child; resting; sleeping; supervision.

- (1) Infants, birth to 12 months of age, shall be placed on their backs for resting and sleeping.**
- (2) Infants unable to roll from their stomachs to their backs, and from their backs to their stomachs, shall be placed on their backs when found in any other position.**
- (3) When infants can easily turn over from their stomachs to their backs and from their backs to their stomachs, they shall be initially placed on their backs, but allowed to adopt whatever position they prefer for sleeping.**
- (4) If a child has a health issue or a special need that requires the child sleep in an alternate position or in something other than a crib, porta-crib, or play yard for infants and toddlers, or cot or mat for toddlers, documentation from the child's health care provider is required. The documentation must include specific sleeping instructions and time frames for how long the child needs to sleep in this manner and include an anticipated end date.**
- (5) Personnel shall maintain supervision and monitor infants' breathing, sleep position, bedding, and possible signs of distress, except as provided in R 400.1922.**
- (6) Video surveillance equipment and baby monitors must not be used in place of subrule (5) of this rule.**

Rationale

Ensures the safety and well-being of infants and toddlers while resting or sleeping.

Technical Assistance

Documentation from the child's health care provider is required **prior** to allowing the child to sleep in the alternate position or equipment.

The licensee must ensure that any special written instructions from the child's health care provider are kept in an accessible location and shared with all child care staff members and assistants.

Monitoring must be recurring and must include visual observation of infants, with personnel standing close enough to the infant to observe breathing patterns, sleep position and any signs of distress or discomfort.

Consultation

It is recommended that personnel observe a sleeping infant frequently, every 15-20 minutes, to ensure the infant is not in distress.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 2 of 2

R400.1912

Resources regarding infant safe sleep include the following:

- Michigan Department of Health and Human Services, Safe Sleep Website [MDHHS Safe Sleep for Infants](#).
- National SIDS Resource Center and the Back to Sleep Campaign [National SUID/SIDS Resource Center](#).
- Local and state health departments.
- American Academy of Pediatrics [Healthy Child Care](#)
- Keeping Kids Alive [Fact Sheet Safe Sleep](#)

Refer to R 400.1916 for information on bedding and sleeping equipment.

R 400.1913 Discipline; child handling.

(1) A licensee shall develop and have on file a written policy regarding the discipline of children.

Rationale

Ensures parents and child care staff members and child care assistants are informed of the policies regarding the discipline of children.

Technical Assistance

Discipline involves helping a child gain control over his or her behavior, not just getting a child to “mind.”

The licensee is responsible and accountable for:

- Describing in the written policy how child care staff members and child care assistants will manage children's behavior by using positive methods of discipline and encouraging children to develop self-control.
- Ensuring that the policy addresses the methods that are appropriate for children of different ages and levels of understanding. The policy must state use of time-out will not be used for children under 3 years old.
- Ensuring that the policy states that physical punishment and all other prohibited methods will not be used even if the parents give permission.

Per R 400.1907(1)(b)(i), parents must receive a copy of the written discipline policy. The Child in Care Statement/Receipt (BCAL-3900) is used to verify the parent's receipt of the discipline policy and is located in the [forms](#) section of our [website](#).

Per R 400.1906(1)(g)(iii), child care staff members and assistants must also receive a copy of the written discipline policy.

Consultation

Positive Discipline - Including the Proper Use of Time Out (BCAL-Pub 787) is available on the department's website. [Child Care Resources](#)

R 400.1913 (2)

(2) Developmentally appropriate positive methods of discipline that encourage self-control, self-direction, self-esteem, and cooperation must be used.

Rationale

Discipline is most effective when it is consistent, reinforces desired behavior and offers natural and logical consequences.

Positive methods of discipline can reduce incidents of aggression.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 2 of 4

R400.1913

Child care personnel are more likely to avoid abusive practices if they are well-informed about effective, non-abusive methods for managing children's behaviors.

Technical Assistance

Discipline involves helping a child gain control over his or her behavior, not just getting a child to “mind”. Positive discipline methods will help guide a child toward self-discipline and independence. Positive methods of discipline include:

- Redirecting the child from an unacceptable activity to a constructive one.
- Offering alternative solutions to the problem.
- Removing the child from the source of the conflict.
- Involving children in solving problems.
- Assuring there is a relationship between the behavior and the discipline.
- Tailoring a method of discipline to the individual child.

Time-Out

Time-out should only be used to stop aggressive behavior or to allow angry or upset children to calm down. Use time-outs only as a last resort to help the child gain a better sense of self-control. When using time-out, child care personnel must ensure:

- Their expectations of the child's behavior are realistic.
- Consequences immediately follow the child's behavior.
- Children are not humiliated or made to feel threatened or afraid.
- The time-out does not last longer than it takes for the child to calm down.
- Children remain supervised at all times.

Consultation

The following publications are available on the department's website

[Child Care Resources](#)

- Fussy Baby (BCAL-Pub 689).
 - Positive Discipline - Including the Proper Use of Time Out (BCALPub 787) for the child to calm down.
 - Children remain supervised at all times.
-

R 400.1913 (3)

(3) Personnel shall not do any of the following:

- (a) Hit, spank, shake, bite, pinch, or inflict other forms of corporal punishment.**
- (b) Use any substance in a child's mouth such as, but not limited to, soap, hot sauce, or vinegar.**
- (c) Restrict a child's movement by binding or tying him or her.**
- (d) Inflict mental or emotional stress, such as humiliating, shaming, threatening a child, or using derogatory remarks.**
- (e) Deprive a child of meals, snacks, rest, or necessary toilet use.**
- (f) Confine a child in an enclosed area such as a closet, locked room, box, or similar enclosure.**
- (g) Use time out for children under 3 years old.**

Rationale

Children deserve to be treated respectfully and appropriately in a positive manner.

Research links mental and emotional stress and corporal punishment with negative effects such as impairment of learning and future criminal behavior.

Technical Assistance

Discipline is not punishment; discipline involves helping a child gain control over his or her own behavior. Positive discipline methods will help guide a child toward self-discipline and independence.

All personnel are responsible and accountable for:

- Ensuring that a child's movement is not restricted by the use of a harness or leash or other restraint device.
- Ensuring that the strapping device on high chairs, etc. are used to stabilize the child in that type of chair and not used for punishment or discipline.
- Ensuring that firm and consistent expectations are given that do not cause children to feel shame or humiliation.

Note: The practices outlined in this subrule are strictly prohibited regardless of parental permission. Any licensee who questions or has concerns regarding a parental discipline request should contact their licensing consultant.

Consultation

The following publications are available on the department's website under

[Child Care Resources](#)

[Child](#)

- Fussy Baby (BCAL-Pub 689).
- Positive Discipline - Including the Proper Use of Time Out (BCALPub 787).

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 4 of 4

R400.1913

R 400.1913 (4)

- (4) Reasonably appropriate discipline or restraint may be used to prevent a child from harming himself or herself, or to prevent a child from harming other persons or property, or to allow a child to gain control of himself or herself excluding those forms of punishment prohibited by subrule (3) of this rule.**

Rationale

Children deserve to be treated respectfully and appropriately in a positive manner.

Research links mental and emotional stress and corporal punishment with negative effects such as impairment of learning and future criminal behavior.

Technical Assistance

If it becomes necessary to restrain a child for his/her own or other's protection, holding the child as gently as possible is acceptable. Children shall not be physically restrained longer than necessary to control the situation.

Examples of inappropriate restraint include but are not limited to:

- Holding a child with undue physical force.
- Holding a child down on a sleep surface with hands or feet.
- Sitting on a child.
- Any physical restraint for the purpose of discipline or punishment, especially with ropes, scarves, belts, ties or straps.

R 400.1913 (5)

- (5) This rule is not subject to the variance specified in R 400.1963.**

R 400.1914 Daily activity program.

- (1) Personnel shall engage in positive interactions with children. For infants and toddlers, interactions may include, but are not limited to, all of the following:**
- (a) Nurturing contact, such as talking to, holding, rocking, cuddling, and giving eye contact throughout the day and during daily routines such as feeding and diapering.**
 - (b) Promptly responding to a child's cries and other signs of distress.**

Rationale

A supportive, nurturing setting encourages the expression of feelings, allows for problem solving and builds a positive self-image.

Children need:

- Affection, physical care, intellectual guidance, and emotional support from child care personnel.
- A strong, secure sense of identity through positive experiences with child care personnel and peers.
- An environment that encourages positive relationships.

The brain development of infants and toddlers is particularly sensitive to the quality and consistency of their relationships with others. Much of the stimulation for brain development comes from the responsive interactions of child care personnel and children during daily routines. Responding quickly to cries or signs of distress fosters a child's sense of trust that child care personnel will understand, respond to and meet the child's needs.

R 400.1914 (2)

- (2) A licensee shall plan daily activities so that each child may do any of the following:**
- (a) Develop and use language.**
 - (b) Develop and use large and small muscles.**
 - (c) Use materials and take part in activities that encourage creativity.**
 - (d) Learn new ideas and skills.**
 - (e) Participate in imaginative play.**
 - (f) Rest, sleep, or both.**

Rationale

Children are happier and respond better to consistency and routine.

Planned daily activities:

- Keep children engaged which reduces or eliminates chaos and behavioral issues.
- Foster children's growth and development.
- Ensure the program meets the cognitive, physical, emotional, and social needs of each child.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 2 of 10

R400.1914

Play is an active form of learning and children learn best when actively engaged. A rich variety of early experiences are critical to children's brain development because they impact a child's:

- Ability to solve problems.
- Self-control and emotional expression.
- Social interactions with others.
- Creativity.
- Success in school.
- Physical ability and health.

Children benefit from scheduled periods of rest. This rest may take the form of actual napping, a quiet time or a change of pace between activities.

Consultation

Some warning signs that may indicate there are problems with the daily program include, but are not limited to:

- Children who are not purposefully involved tend to wander around, unable to select an activity.
- Children show little respect for equipment or materials.
- Children fight over equipment or materials.
- Children are bored with the equipment and may develop their own inappropriate activities.
- Children fight with and become more aggressive with each other.
- Child care personnel become bored with the same routine and do not pick up on the children's interests.

AAP Caring for Our Children: National Health and Safety Performance Standards recommends that infants not be seated for more than 15 minutes at a time, except during meals and naps. Young infants should have supervised tummy time every day. Caregivers should interact with an infant on his or her tummy for short periods of time (three to five minutes), increasing in the amount of time as the infant shows he or she enjoys the activity.

American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, 4th ed. Itasca, IL: American Academy of Pediatrics; 2019. [Caring for Our Children](#)

The Michigan Department of Education has developed Early Childhood Standards of Quality for Infant and Toddler Programs, Early Childhood Standards of Quality for Prekindergarten, and Michigan Out-of-School Time Standards of Quality (www.michigan.gov/greatstart)

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 3 of 10

R400.1914

The standards in the Early Childhood Standards of Quality for Infant and Toddler Programs address both early learning outcomes and quality program standards for settings serving infants and toddlers.

Early Childhood Standards of Quality for Prekindergarten is divided into two major sections – Quality Program Standards for Prekindergarten and Early Learning Expectations for Three- and Four-Year-Old Children. The quality program standards in this document are meant to define quality in all center-based classroom programs. Each early learning expectation is illustrated by several items indicating how children typically exhibit their progress toward meeting that expectation. While this document is geared toward center programs, information in this document, especially the early learning expectations, can be helpful to assess if a child's development is on-target and to plan appropriate activities for children.

See our resource page. [Child Care Resources](#)

Michigan Out of School time Standards of Quality: [Michigan Out of School Time Standards of Quality](#)

National Institute on Out of School Time: [NIOST](#)

R 400.1914 (3)

(3) All of the following developmentally appropriate opportunities must be provided daily:

- (a) A balance of active and quiet play, group and individual activities.**
- (b) Indoor and outdoor play, except during inclement or extreme weather, or unless otherwise ordered by a health care provider.**
- (c) Early language and literacy experiences throughout the day accumulating for not less than 30 minutes.**
- (d) Early math and science experiences.**

Rationale

A planned but flexible program:

- Allows children to make decisions about their activities.
- Fosters independence.
- Encourages creative expression.
- Promotes physical, social, cognitive and emotional development.

Play is an active form of learning and children learn best when actively engaged. A rich variety of early experiences are critical to children's brain development because they impact a child's:

- Ability to solve problems.
- Self-control and emotional expression.
- Social interactions with others.
- Creativity.
- Success in school.
- Physical ability and health.

Open spaces in outdoor areas encourage children to develop gross and fine motor skills in ways that may be difficult to duplicate indoors. Unstructured physical play is a developmentally appropriate outlet for reducing stress in children's lives.

Cold weather does not make children ill. Studies have indicated that children who are taken outdoors, even during cold weather for short periods of time, have fewer incidences of respiratory illnesses. Infectious disease organisms are less concentrated in outdoor air than indoor air. Exposing the skin to sunlight promotes the production of the Vitamin D that growing children require. Being outdoors in the fresh air helps children stay healthy.

When outdoors, children breathe fresh air, develop their large muscles, learn and practice increasingly difficult skills, share and cooperate with other children, and get hands-on experiences with some basic scientific principles. Every child benefits from outdoor play every day.

Literacy is a process that begins at birth. Becoming literate is about using language to make oneself understood and to understand others and the world. Language is the foundation of reading development.

Engaging children in meaningful language and literacy experiences supports the development of communication skills including exchanging information, sharing feelings and developing strong emotional ties.

In 2014 The American Academy of Pediatrics advised its 62,000 member doctors to recommend daily reading aloud to the parents and children they see in their medical practices. "Reading regularly with children," the group's policy paper read, "stimulates optimal patterns of brain development, and strengthens parent-child relationships at a critical time in child development, which in turn builds language, literacy, and social-emotional skills that last a lifetime." Engaging children in meaningful language and literacy experiences supports the development of communication skills including exchanging information, sharing feelings and developing strong emotional ties.

Math and science help children make sense of the world around them and find meaning in the physical world. They learn to reason, to connect ideas and to think logically. Integrating math into all parts of the day increases their learning and shows children that math is part of everyday life.

Children have a natural curiosity and interest in science, which allows them to be active learners and to construct knowledge through experimentation, problem solving and play. It also allows children to make choices about what they explore and experience.

Technical Assistance

The licensee is responsible and accountable for ensuring:

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 5 of 10

R400.1914

- All children, including infants, are taken outside on a daily basis as weather permits.
- Children do not become overheated or excessively chilled.
- A child is properly supervised if he/she has a written order signed by a health care provider to remain inside.

Note: A violation should only be cited if there is indication of ongoing non-compliance rather than an observation of a single day.

Early language and literacy experiences include, but are not limited to:

- Looking at or reading books with children.
- Talking, singing and interacting with children.
- Experiences with music.
- Playing games.
- Writing activities.
- Show and tell.
- Circle time.
- Dramatic play activities.
- Felt board stories.
- Finger plays.

Note: This rule does not require that children be read to 30 minutes each day.

Math and science experiences include, but are not limited to:

- Counting.
- Sorting, classifying and sequencing.
- Baking/cooking activities.
- Setting the table, folding laundry.
- Matching games and puzzles.
- Water and sand play.
- Sensory activities.
- Exploring the outdoor environment.

Consultation

The following should be taken into account when deciding whether to take children outside:

- The temperature outdoors including wind chill factors and the heat index.
- Severe weather conditions (e.g., lightning, heavy rain or snow, tornado watches/warnings).
- Degree of sunshine and available shade.
- Appropriate clothing for conditions. Caregivers may choose to have extra clothing available for children who do not come with appropriate clothing for conditions.
- Ages of the children.
- Length of time of the play period.
- Play activities planned.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 6 of 10

R400.1914

- Local community practices, health department advice, local school weather guidelines.
- Public announcements of hazardous air quality conditions.

Note: Exposed skin will freeze in a few minutes at temperatures below -13° F or when the wind chill falls to -18.4° F. Heatstroke, heat exhaustion, burns from hot objects such as metallic playground equipment, sunburn, excessive thirst, etc. can occur at 95 °F and above.

It is also recommended:

- That children wear child-safe sunscreen all year round, even in winter.
- That children are dressed appropriately for activities: long-sleeved and -legged items protect from sunburn; full jacket, snowsuit, mittens, scarf, hat, boots for snow play; etc.
- That children are adequately hydrated during both hot and cold weather.

Child care personnel should also have knowledge of the weather related symptoms children may exhibit such as heat or sunstroke, sunburn, dehydration, frostbite, hypothermia, etc.

It may be helpful to provide parents with the home's guidelines regarding the impact of weather conditions on outdoor play.

Working with Children Who Have Special Needs (BCAL-Pub 96) is available on the department's website [Child Care Resources](#) .

Additional resources from the National Institute for Literacy include:

- "Learning to Talk and Listen" - An oral language resource for early childhood caregivers at: [Learning to Talk and Listen pdf](#)
- "Make Time to Talk "- Language Building Tips for Center-Based Child Care Providers at: [Make Time to Talk pdf](#).

R 400.1914 (4) – (6)

- (4) Television, video tapes, movies, electronic devices, and computers must be limited to not more than 2 hours per day and to programs designed for children's education, enjoyment, or both. Other activities must be available to children during television and movie viewing.**
- (5) Programs and movies with violent or adult content, including soap operas, must not be permitted in child-use space while children are in care.**
- (6) The use of television, video tapes, movies, electronic devices, and computers by children in care must be suitable to the age of the child in terms of content and length of use.**

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 7 of 10

R400.1914

Rationale:

The American Academy of Pediatrics states in the 2016 technical report “Children, Adolescents and Digital Media,” that “today’s children and adolescents are immersed in both traditional and new forms of digital media. Research on traditional media, such as television, has identified health concerns and negative outcomes that correlate with the duration and content of viewing. Over the past decade, the use of digital media, including interactive and social media, has grown, and research evidence suggests that these newer media offer both benefits and risks to the health of children and teenagers.”

The research reviewed in the technical report discovered that media can affect the following: (research has positive and negative outcomes depending on the research)

- Sleep patterns
- Self-esteem
- Increase of depression and anxiety
- Social and personal development
- Behavioral problems
- Academic performance
- Increased rates of childhood obesity

In 2012, the National Association for the Education of Young Children (NAEYC) and the Fred Rogers Center for Early Learning and Children’s Media at Saint Vincent College published a Position Statement on technology and media in early childhood programs. These subrules are based on the recommendations in that position statement.

Technical Assistance:

Media defined are television, portable devices (iPad, iPod, e-reader, tablet, etc.), mobile phones, movies, video games, music, digital audio (podcasts), various kinds of software/applications, and the Internet.

The American Academy of Pediatrics (AAP) recommends that priority is given for “creative, unplugged playtime for infants and toddlers. Some media can have educational value for children starting at around 18 months of age, but it’s critically important that this be high-quality programming...”

They suggest that an emphasis be placed on activities that result in “physical activity, hands-on exploration and face-to-face social interaction in the real world, which is critical to learning.”

Further the AAP recommends the following:

- For children younger than 18 months, avoid use of screen media other than video-chatting. Parents of children 18 to 24 months of age who want to introduce digital media should choose high-quality programming, and watch it with their children to help them understand what they’re seeing.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page **8** of **10**

R400.1914

- For children ages 2 to 5 years, limit screen use to 1 hour per day of high-quality programs. Parents should co-view media with children to help them understand what they are seeing and apply it to the world around them.
- For children ages 6 and older, place consistent limits on the time spent using media, and the types of media, and make sure media does not take the place of adequate sleep, physical activity and other behaviors essential to health.
- Designate media-free times together, such as dinner or driving, as well as media-free locations at home, such as bedrooms.
- Have ongoing communication about online citizenship and safety, including treating others with respect online and offline.

Child Care Personnel are responsible for ensuring that:

- Media is developmentally appropriate and promotes positive social values.
- The use of media does not replace or disrupt existing program routines.
- The use of media is time limited and monitored closely.

Media can be a powerful teacher, so caregivers must make sure the lessons children learn are good ones. Technology and media should be used to enhance learning, not replace the opportunity for children to have direct experience with peers, adults and real materials.

A rich variety of early experiences are critical to children's brain development because they impact a child's:

- Ability to solve problems.
- Self-control and emotional expression.
- Social interactions with others.
- Creativity.
- Success in school.
- Physical ability and health.

The growing use of technology and computers in education and recreation has made repetitive stress injuries a problem for children. Repetitive stress injuries result when repeated movements damage tendons, bones and muscles. Excessive screen time and repetitive motions can also cause visual, fine motor and other physical problems.

Consultation:

The following best practices are recommended:

- Have computers and TV in highly visible places.
- Turn off visual media at mealtimes and nap time. Auditory music can be used to help soothe children. Soft music may be used during meals or nap time.
- Watch media with your child care children and plan learning experiences to expand on the media programming.
- Replace media exposure with more appropriate activities, unless the media offering is linked to and supports your curriculum.
- Use books, toys and program activities to counter the effects of media.

The American Academy of Pediatrics (AAP) recommends that priority is given for “creative, unplugged playtime for infants and toddlers. Some media can have educational value for children starting at around 18 months of age, but it's critically important that this be high-quality programming...”

They suggest that an emphasis be placed on activities that result in “physical activity, hands-on exploration and face-to-face social interaction in the real world, which is critical to learning.”

Further the AAP recommends the following:

- For children younger than 18 months, avoid use of screen media other than video-chatting. Parents of children 18 to 24 months of age who want to introduce digital media should choose high-quality programming, and watch it with their children to help them understand what they're seeing.
- For children ages 2 to 5 years, limit screen use to 1 hour per day of high-quality programs. Parents should co-view media with children to help them understand what they are seeing and apply it to the world around them.
- For children ages 6 and older, place consistent limits on the time spent using media, and the types of media, and make sure media does not take the place of adequate sleep, physical activity and other behaviors essential to health.
- Designate media-free times together, such as dinner or driving, as well as media-free locations at home, such as bedrooms.
- Have ongoing communication about online citizenship and safety, including treating others with respect online and offline.
- free locations at home, such as bedrooms.
- Have ongoing communication about online citizenship and safety, including treating others with respect online and offline.

Child Care Personnel are responsible for ensuring that:

- Media is developmentally appropriate and promotes positive social values.
- The use of media does not replace or disrupt existing program routines.
- The use of media is time limited and monitored closely.

Media can be a powerful teacher, so caregivers must make sure the lessons children learn are good ones. Technology and media should be used to enhance learning, not replace the opportunity for children to have direct experience with peers, adults and real materials.

A rich variety of early experiences are critical to children’s brain development because they impact a child’s:

- Ability to solve problems.
- Self-control and emotional expression.
- Social interactions with others.
- Creativity.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page **10** of **10**

R400.1914

- Success in school.
- Physical ability and health.

The growing use of technology and computers in education and recreation has made repetitive stress injuries a problem for children. Repetitive stress injuries result when repeated movements damage tendons, bones and muscles. Excessive screen time and repetitive motions can also cause visual, fine motor and other physical problems.

R 400.1914 (7)

(7) For children with special needs, a licensee shall work with the parents, medical personnel, or other relevant professionals to provide care in accordance with the child's identified needs and learning supports.

Rationale

Ensures:

- Consistency and continuity in the care of children with special needs.
- That a child's special needs are being met and professional recommendations are followed.

Consultation

The following best practices are recommended in the care of special needs children:

- Research online and become familiar with the condition.
- Talk with others who have experience with the condition.
- Take classes or workshops.
- Obtain in writing all necessary information and instructions for the care of the child.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 1 of 6

R400.1915

R 400.1915 Indoor space; play equipment and materials.

- (1) A child care home shall provide not less than 35 square feet per child of safe, usable, accessible indoor floor space, not including bathrooms and storage areas.**

Rationale

Proper space for play equipment ensures children have safe and adequate space for daily activities and room to move. Sufficient space will reduce the risk of injury from simultaneous activities.

Child behavior tends to be more constructive when sufficient space is organized to promote developmentally appropriate skills. Crowding has been shown to be associated with increased risk of upper respiratory infections.

Technical Assistance

Capacity is partly determined by the total square footage of all approved child care areas. Space requirements are assessed per child, regardless of the child's age or the amount of time spent in the child care home.

In order for a room, including a bedroom, to be counted towards capacity, it needs to be available and used on an ongoing basis throughout the hours of operation.

Excessive storage or clutter that diminishes the usable child care space may affect the capacity.

Note: Refer to R 400.1911(4) regarding supervision of children.

R 400.1915 (2)

- (2) Only space that has received prior approval for child use by the department may be used for child care.**

Rationale

Ensures children have safe and adequate space for daily activities and room to move.

Technical Assistance

The licensee is responsible and accountable for:

- Obtaining permission from the department before using space not previously approved and used by children, including the basement and second floor levels. Rooms will not be approved for napping only, unless they meet all safety requirements and are hazard free.
- Requesting an on-site inspection by the consultant for new space to be approved.

Note: Refer to R 400.1911(4) regarding supervision of children.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 2 of 6

R400.1915

Consultation

The Request for Modification of the Terms of the License form is available on the [forms](#) section of our [website](#).

R 400.1915 (3)

(3) A variety of easily accessible activity choices must be available to a child that are safe and appropriate for a child at his or her stage of development. The number of choices must be based on the number of children who are permitted to attend the licensed child care home. All of the following apply to activity choices available:

- (a) Materials may include, but are not limited to, any of the following:**
 - (i) Books.**
 - (ii) Art supplies.**
 - (iii) Blocks and accessories.**
 - (iv) Large muscle equipment.**
 - (v) Manipulative toys.**
 - (vi) Musical equipment.**
 - (vii) Dramatic play materials.**
- (b) All materials and equipment must be kept clean, free of hazards, and in good repair.**
- (c) Toys and other play equipment soiled by secretion or excretion must be cleaned with soap and water, rinsed, and sanitized before being used by a child.**

Rationale

- Provides challenging and interesting opportunities for children of all ages to learn.
- Provides an adequate amount of developmentally appropriate equipment by promoting a healthy, stimulating learning environment and reduces stress and anxiety for the children and personnel.
- Children cannot safely or comfortably use furnishings that are not the appropriate size for their use.
- Equipment that is sized for older children poses challenges that younger, smaller children may not be able to meet.
- Equipment and furnishings that are not sturdy, safe or in good repair, may cause falls, entrap a child's head or limbs or contribute to other injuries.
- Messy play is developmentally appropriate for all age groups, especially among very young children. Equipment, furnishings, toys, and play materials must be easily cleaned and sanitized in order to reduce transmission of diseases.

Technical Assistance

The number of toys, games and other indoor play equipment necessary is based on the number of children for which the home is being licensed. The licensee is responsible and accountable for ensuring:

- A sufficient number of toys, games and other play equipment are accessible to children without direct adult assistance.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 3 of 6

R400.1915

- All shelves and containers are sturdy, stable and free of hazards.
- Broken equipment is repaired or replaced, including toys with missing pieces.
- All toys that children place in their mouths are cleaned and sanitized before being used by other children.
- All toys, games and other play equipment are appropriate for a child at his/her stage of development by being challenging and interesting, yet not so difficult as to cause the child stress or anxiety.
- Examples of materials include:
 - Art supplies: crayons, pencils, markers, paper, glue, scissors, paint, and brushes.
 - Dramatic play: dress-up clothes, hats, shoes, jewelry, dolls, puppets, and housekeeping items.
 - Manipulatives: puzzles, Legos, beads, rattles, squeeze toys, board games, card games, and blocks.
 - Reading and books: book shelves, tapes/CDs, headphones and player with music, comfortable cushions, a table and chairs, and pillows.

Refer to subrule (4) of this rule regarding hazardous or recalled equipment as identified by the U.S. Consumer Product Safety Commission.

Examples of when toys and other play equipment may be soiled by secretion or excretion include, but are not limited to, when a child puts a toy in their mouth, when a child sneezes on a toy, when a child's diaper leaks while the child is playing on a piece of equipment, etc. When a toy or piece of equipment is soiled, it must be washed vigorously with soap and water, rinsed with clean water and sanitized prior to being used by another child.

Sanitizing means:

- Submerge, wipe or spray the item with a sanitizing solution. • Let the item air dry for at least two minutes.
- Examples of sanitizing solutions include but are not limited to:
- Water and non-scented chlorine bleach with a concentration of bleach between 50 – 200 parts per million (one teaspoon to one tablespoon bleach per gallon of water). This solution must be made fresh daily.
- Commercial sanitizers (products labeled as a sanitizer purchased at a store). Caution should be exercised to assure they are used according to the manufacturer's instructions.

Note: When sanitizing toys and other items children may put in their mouths:

- Bleach used must have an EPA number indicating an approval for food sanitizing.
- Commercial sanitizers used must specify on the label to be safe for food contact surfaces.

Consultation

The following best practices are recommended regarding indoor equipment:

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 4 of 6

R400.1915

- Provide a minimum of three play spaces per child. This ensures that if a child wants to change his/her play item or activity, there is another one available without having children switch or share toys.
 - A play space is a piece(s) of equipment that one child can use independently for about 15 minutes.
 - Activity areas (housekeeping, dramatic play, blocks, art) can vary from two to four play spaces, depending upon the amount of equipment, accessories and space available.
- Equipment may be purchased new or used or made.
- Place equipment on low, open shelves, in containers, on a table, or on the floor easily within a child's reach.
- Have available for infants and toddlers:
 - Duplicate toys to prevent conflicts between children.
 - Additional toys to replace toys that become soiled or contaminated throughout the day.

Bleach is recommended as a sanitizing product because it is safe, effective and inexpensive. Test strips to check the concentration of the bleach/water solution can be used and are available from most food service suppliers.

For cleaning up vomit (including spit-up) or feces, it is recommended that the item be disinfected. A disinfecting solution can be made using water and non-scented chlorine bleach as follows:

- Stainless steel and food/mouth contact items - 1 tablespoon of bleach per gallon of water.
- Non-porous surfaces 1/3 cup bleach per gallon of water. • Porous surfaces 1 2/3 cups bleach per gallon of water.

The bleach solution should be left on the surface for 10 to 20 minutes and then rinsed with clean water.

Local health department sanitarians may maintain a list of approved commercial sanitizers. [local health department](#)

Center for Disease Control (CDC) website has additional information - [Routinely clean, sanitize, and disinfect](#)

Licensees are encouraged to use separate spray bottles containing soapy water, rinse water and a sanitizing solution.

R 400.1915 (4)

- (4) A licensee shall not use any equipment, materials, or furnishings recalled or identified by the U.S. Consumer Product Safety Commission as being hazardous. These products are identified on the commission's website at <http://www.cpsc.gov>.**

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 5 of 6

R400.1915

Rationale

The Children's Product Safety Act (2000 PA 219) is the legal basis for this rule. This rule ensures that children's products that are known to be hazardous are not used.

Technical Assistance

The Children's Product Safety Act requires the department to maintain a comprehensive list of unsafe or recalled children's products (includes, but is not limited to, cribs, toddler beds, car seats, high chairs, booster chairs, bath seats, gates, carriers, strollers, walkers, infant swings, etc.). The department must make the comprehensive list available to the public at no cost and must post it on the internet and encourage links.

This comprehensive list is available on the department's website at [Child Care Resources](#)

Updates to the recall list are included in each edition of Michigan Child Care Matters (MCCM) on the department's website [MCCM](#).

This rule requires licensees to conspicuously post on the premises an updated copy of the list of recalled children's products provided by the department. A conspicuous place means a location where parents, personnel and others can easily see it.

R 400.1915 (5)

(5) As required by section 15 of the children's product safety act, 2000 PA 219, MCL 722.1065, a licensee shall conspicuously post in the child care home an updated copy of the list of recalled or unsafe children's products that is provided by the department through its Michigan Child Care Matters (MCCM) online newsletter and available at the department's website [MCCM](#).

R 400.1915 (6)

(6) All children shall be protected from materials that could be swallowed or present a choking hazard. Toys or objects with removable parts less than 1 ¼ inches in diameter and less than 2 ¼ inches in length, as well as balls smaller than 1 ¾ inches in diameter are prohibited for children under 3 years of age.

Rationale

Ensures the safety and well being of children. Ninety percent of fatal chokings occur in children younger than four years of age.

Technical Assistance

Potentially hazardous items/toys may include, but are not limited to:

- Balloons.
- Coins.
- Safety pins.
- Jewelry.
- Plastic bags.
- Legos.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 6 of 6

R400.1915

-
- Marbles.
 - Small board game pieces.
 - Toys with removable parts.
 - Styrofoam objects.

Consultation

The following best practices are recommended:

- A daily survey of the child care environment.
- Testing items with a choking hazard tester available through toy distributors and at major toy stores.

R 400.1915 (7)

(7) Trampolines and bounce houses must not be used indoors by children in care.

Rationale

According to the American Academy of Pediatrics, trampolines and bounce houses:

- Present a safety hazard.
- Have the potential for serious injury.
- Should never be used in a home or recreational setting.
- Trampolines require highly trained personnel who have been instructed in all aspects of trampoline safety.

Technical Assistance

Trampolines of all sizes are prohibited, even with parental permission.

Bounce houses and other similar types of equipment are also prohibited indoors, as they present the same hazards as trampolines.

Note: Providers can take children on field trips where trampolines, bounce houses and similar types of equipment are used with written parental permission.

Note: Refer to R 400.1920(7) regarding outdoor use of bounce houses.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 1 of 9

R400.1916

R 400.1916 (1) – (3) Bedding and sleeping equipment.

- (1) All bedding and sleeping equipment must be in accordance with U.S. Consumer Product Safety Commission standards as approved for the age of the child using the equipment and must be clean, comfortable, safe, and in good repair. The standards are available at <http://www.cpsc.gov>.**
- (2) All bedding and sleeping equipment must be cleaned before being used by another child.**
- (3) All bedding used by children must be washed when soiled and weekly at a minimum.**

Rationale

Ensures the safety and well-being of children by reducing the spread of diseases from one child to another.

Technical Assistance

To be compliant with the CPSC, cribs manufactured after June 27, 2011 are presumed compliant with the new standards. To determine when your crib was manufactured, check the crib. All cribs must have their date of manufacture permanently affixed to the crib.

Cribs manufactured prior to June 28, 2011, must have a Children's Product Certificate (CPC) or test report from a CPSC-accepted third party. While manufacturers, importers and retailers are not required to supply CPCs or test reports to consumers, many will provide these documents to consumers upon request or they post them on their websites. Keep in mind that most cribs manufactured prior to June 28, 2011 will not meet the new standards. For more information, go to CPSC's Crib Information Center at www.cpsc.gov/Regulations-Laws--Standards/Voluntary-Standards/Cribs/

Note: Under the new standards, non-full-size baby cribs must be sold with the mattress.

Consultation

Licensees that have newer cribs and are not sure if they will meet the new standards, contact the Consumer Product Safety Commission at (800) 638-CPSC [(800) 638-2772].

Cleaned means:

- Washing the item vigorously with water and soap.
- Rinsing the item with clean water
- Laundering bedding in HOT water and detergent complies with this rule.

Refer to R 400.1922 subrule (4) of this rule for sleeping equipment requirements, if providing nighttime care.

It is best practice to sanitize the sleeping equipment between use of children, when soiled, or if a child was ill. Sanitizing sleeping equipment weekly, at a minimum, is recommended.

Sleeping equipment includes the sides, rails, mattress, and bedding of the crib, play yard, or porta crib, and wherever the child comes into contact with the equipment.

Examples of sanitizing solutions include but are not limited to:

- Water and non-scented chlorine bleach with a concentration of bleach between 50 – 200 parts per million (one teaspoon to one tablespoon of bleach per gallon of water). This solution must be made fresh daily.
- Commercial sanitizers (products labeled as a sanitizer purchased at a store). Caution should be exercised to assure they are used according to the manufacturer's instructions.

Bleach is recommended as a sanitizing product because it is safe, effective and inexpensive. Test strips to check the concentration of the bleach/water solution can be used and are available from most food service suppliers.

Local health department sanitarians may maintain a list of approved commercial sanitizers.

For more information on sanitizing and disinfecting bedding visit the [CDC website](#).

R 400.1916 (4)

(4) All cribs, play yards, or porta-cribs must be equipped with a firm, tight-fitting mattress with a waterproof, washable covering, as recommended and approved by the U.S. Consumer Product Safety Commission.

Rationale

Ensures the health and well-being of children in a sleeping environment.

Technical Assistance

Note: Under the federal crib standards, full-size baby crib mattresses must measure 27 1/4 inches by 51 5/8 inches with a thickness not exceeding 6 inches.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 3 of 9

R400.1916

R 400.1916 (5)

(5) Play yard mattresses must be purchased from the manufacturer of the play yard and be manufactured after February 19, 2014. Play yards must meet the Consumer Product Safety Commission safety standards for play yards, 16 CFR part 1221 (2019). Licensees shall comply with this subrule by December 31, 2019. These standards are available at [Cribs | CPSC.gov](https://www.cpsc.gov/CPSC/Cribs) . They are also available for inspection and distribution at the Michigan Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems, Child Care Licensing Division, 611 W Ottawa, Lansing, MI 48933-1070.

Rationale

Ensures the safety and well-being of children in a sleeping environment. From 2010 – 2017 there were 1,136 sleep related infant deaths in Michigan due to unsafe sleep environments.

Technical Assistance A play yard (such as a Pack n' Play®) is acceptable if all of the following are met:

- It complies with subrules (6)(a) of this rule.
- The manufacturer indicates the play yard can be used for sleeping.
- The child using the play yard for sleeping cannot climb out of it and is less than 35 inches in height.

A play yard is defined as a framed enclosure that includes a floor and has mesh or fabric sided panels primarily intended to provide a play or sleeping environment for children.

Square playpens are typically used to contain a child for short periods of time or for play and are not acceptable for sleeping children of any age.

Only mattresses sold with the play yard are acceptable for use. If the mattress needs to be replaced the entire play yard must be replaced unless the manufacturer of the play yard offers a replacement mattress. After-market mattresses for play yards are not acceptable.

Play yards must meet the CPSC standard for play yards, 16 CFR part 1221 (2019).

To be in compliance, play yard mattresses must be built after February 19, 2014. Play yards must be maintained and in good repair.

Newly purchased play yards should be manufactured after January 20, 2020.

The manufactured date for play yard mattresses are generally located on the tag of the side or bottom of the mattress. If a date is not listed and a licensee can not verify that the play yard mattress was manufactured after February 19, 2014, then the mattress or the entire play yard needs to be replaced. All new play yards should have a manufactured date of January 20, 2020 or newer.

Replacement mattresses must be consistent with the play yard (including brand, model number, size, etc.) and must meet all play yard manufacturer guidelines

Cribs/ NFS/Porta Cribs

Cribs manufactured after December 28, 2012, are in compliance with 16 CFR 1219.

If a licensee's NFS/porta-crib was replaced by December 28, 2012 they are also in compliance with 16 CFR 1220.

Cribs/NFS Porta Cribs mattresses manufactured prior to December 28, 2012 are not in compliance and must be replaced.

R 400.1916 (6)

(6) Infants, birth to 12 months of age, shall rest or sleep alone in an approved crib, play yard, or porta-crib. This equipment must meet all of the following requirements:

- (a) Cribs, porta-cribs and play yards must comply with the product safety standards issued by the Consumer Product Safety Commission, 16 CFR 1219 (2019), 16 CFR 1220 (2019), and 16 CFR 1221 (2019), which are available at <http://www.cpsc.gov>. These standards are also available for inspection and distribution at the Michigan Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems, Child Care Licensing Division, 611 W Ottawa, Lansing, MI 48933-1070.**

Rationale

Ensures the safety and well-being of children by reducing the risk of infant death.

Technical Assistance

Any rectangular shaped portable crib labeled by the manufacturer as a portable crib is acceptable if it complies with subrules (6)(a) of this rule. A portable crib (porta-crib) must meet the following criteria:

- Be constructed with wood or metal slats.
- Cannot be collapsed or folded without removal of the mattress.

Note: Manufacturer's specifications for the child's height and weight must be followed

Note: Under the federal crib standards, non-full-size baby cribs must be sold with the mattress. The mattress, when inserted in the center of the crib, must not leave a gap of more than 1/2 inch at any point between the perimeter of the mattress and the perimeter of the crib. When the mattress is placed flush to one side and end of the crib, the

resulting gap must not exceed 1 inch. These measurements must be taken with no sheet covering the mattress. If the non-full-size crib mattress was sold with the crib and meets these requirements, it will be in compliance with subrule (5)(a) of this rule.

Note: Under the federal crib standards, full-size baby crib mattresses must measure 27 1/4 inches by 51 5/8 inches with a thickness not exceeding 6 inches.

A play yard (such as a Pack n' Play®) is acceptable if all of the following are met:

- It complies with subrules (6)(a) of this rule.
- The manufacturer indicates the play yard can be used for sleeping.
- The child using the play yard for sleeping cannot climb out of it and is less than 35 inches in height.

A play yard is defined as a framed enclosure that includes a floor and has mesh or fabric sided panels primarily intended to provide a play or sleeping environment for children.

Square playpens typically used to contain a child for short periods of time or for play are not acceptable for sleeping children of any age.

R 400.1916 (6)(b)-(c)

(1) Infants, birth to 12 months of age, shall rest or sleep alone in an approved crib, play yard, or porta-crib. This equipment must meet all of the following requirements:

(b) A tightly fitted or snug bottom sheet must cover the crib or porta-crib mattress with no additional padding placed between the sheet and the mattress.

(c) Stacking cribs must not be used.

Rationale

Ensures for the safety and well-being of infants in a sleeping environment. From 2010 – 2017 there were 1,136 sleep related infant deaths in Michigan due to unsafe sleep environments. <https://www.keepingkidsalive.org/resources/fact-sheets/>

R 400.1916 (7)

(7) An infant's head shall remain uncovered during sleep.

R 400.1916 (8)

(8) Soft objects, bumper pads, stuffed toys, blankets, quilts or comforters, pillows, and other objects that could smother an infant must not be placed with, under, or within reach of a resting or sleeping infant.

Rationale

Ensures for the safety and well-being of infants in a sleeping environment. From 2010 – 2017 there were 1,136 sleep related infant deaths in Michigan due to unsafe sleep environments. [Fact Sheet Safe Sleep](#)

Pillows, quilts, comforters, sheepskins, and other soft bedding can be hazardous when placed under the infant or left loose in the infant's sleep area. Bedding in the sleeping environment increases SIDS risk fivefold, independent of sleep position, and this risk

increases to 21-fold when the infant is placed prone. Many infants who die of SIDS are found in the supine position but with their heads covered by loose bedding.

Soft or loose bedding should be kept away from sleeping infants and out of safe sleep environments. These include, but are not limited to: bumper pads, pillows, quilts, comforters, sleep positioning devices, sheepskins, blankets, flat sheets, cloth diapers, bibs, etc. Also, blankets/ items should not be hung on the sides of cribs. Loose or ill-fitting sheets have caused infants to be strangled or suffocated.

Technical Assistance

Blankets and stuffed animals attached to pacifiers are prohibited.

Soft or loose bedding should be kept away from sleeping infants and out of safe sleep environments. These include, but are not limited to: bumper pads, pillows, quilts, comforters, sleep positioning devices, sheepskins, blankets, flat sheets, cloth diapers, bibs, etc. Also, blankets/ items should not be hung on the sides of cribs. Loose or ill-fitting sheets have caused infants to be strangled or suffocated.

Consultation

Resources regarding infant safe sleep include the following:

- Michigan Department of Health and Human Services, Safe Sleep Website [MDHHS Safe Sleep for Infants](#).
- National SIDS Resource Center and the Back to Sleep Campaign [National SUID/SIDS Resource Center](#).
- Local and state health departments.
- American Academy of Pediatrics [Healthy Child Care](#)
- Keeping Kids Alive [Fact Sheet Safe Sleep](#)
- United States Consumer Product Safety Commission [www.cpsc.gov](#).
- [nrckids.org/files/CFOC4%20pdf-%20FINAL.pdf](#)

R 400.1916 (9)

(9) An infant who is less than 2 months of age may be swaddled with a sleeping sack swaddle attachment.

Rationale

Ensures for the safety and well-being of infants.

Technical Assistance

The swaddle attachment for the sleep sack must be properly attached (Velcro) to the sleep sack prior to use. The Velcro on swaddle sacks must be attached securely and must be checked every time the infant is checked while sleeping. R 400.1912 requires continual monitoring of the infant's breathing, sleep position and bedding and for possible signs of distress.

Consultation

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 7 of 9

R400.1916

When infants are put to sleep in any type of wearable blanket, such as a sleep sack, it is best practice to make sure the garment fits properly. If the infant is wearing a wearable blanket that is too big, it could bunch or gather around the infant's face and cause a suffocation hazard.

There are risks associated with swaddling. They include:

- Swaddling too tightly or with the legs extended and adducted can cause developmental dysplasia of the hips.
- Swaddling can result in hyperthermia when the swaddling blanket is added to clothing the infant is already wearing.
- Tight swaddling can compromise the lungs and increase the respiratory rate.
- Accidental deaths have occurred when swaddled infants are placed on their stomach or roll to their stomach. (An infant may roll onto his/her stomach even if not regularly rolling.) Swaddled infants on their stomachs are unable to use their arms or upper bodies to push themselves off the mattress or to change their head and body position if they are in a position that could cause suffocation.

Due to these risks, it is recommended that infants not be swaddled in a child care setting. For more information, see the AAP Caring for Our Children: National Health and Safety Performance Standards at <http://nrckids.org/CFOC/Database/3.1.4.2>

R 400.1916 (10)

(10) If an infant who is older than 2 months of age has a health issue or special need that requires the child to use a sleeping sack swaddle attachment, documentation of this health issue or special need from the child's health care provider is required. This documentation must include specific sleeping instructions and time frames for how long the child needs to sleep in this manner, including an end date.

Rationale

Ensures the safety and well-being of infants.

Technical Assistance

If an infant who is over 2 months old has a health issue or special need that requires the use of a sleeping sack swaddle attachment, documentation from the child's health care provider is required **prior** to having the child sleep in a sleeping sack swaddle. Personnel must ensure specific sleeping instruction are on the documentation, and the time frame the child may use the sleeping sack swaddle attachment.

R 400.1916 (11)

(11) Blankets must not be draped over cribs, porta-cribs, or play yards while they are in use.

Rationale

Ensures the safety and well-being of children.

R 400.1916 (12)

(12) Children 12 to 24 months of age shall rest or sleep alone in an approved crib, porta-crib, play yard, or on a cot or mat sufficient for the child's length, size, and movement.

Rationale

Ensures the safety and well-being of children.

Technical Assistance

Any rectangular shaped portable crib labeled by the manufacturer as a portable crib is acceptable. A play yard (such as a Pack n' Play®) is acceptable if both of the following are met:

- The manufacturer indicates the play yard can be used for sleeping.
- The child using the play yard for sleeping cannot climb out of it and is less than 35 inches in height.

A play yard is defined as a framed enclosure that includes a floor and has mesh or fabric sided panels primarily intended to provide a play or sleeping environment for children.

Square playpens typically used to contain a child for short periods of time or for play are not acceptable for sleeping children of any age.

Toddler beds are acceptable if all of the following are met:

- It uses a standard crib mattress.
- It was manufactured for the age of the child using it.
- The child using it does not exceed the weight limit of the bed.

If there is a health issue or special need that requires a child to sleep in anything other than a crib, porta-crib, cot, or mat documentation from the child's health provider is required **prior** to allowing the child to sleep in anything other than a crib, porta-crib, cot, or mat. The documentation must include specific sleeping instructions and time frames for how long the child needs to sleep in this manner.

R 400.1916 (13)

(13) None of the following are approved sleeping equipment for children 24 months of age or younger:

- a. Infant car seats.
- b. Infant seats.
- c. Infant swings.
- d. Bassinets.
- e. High chairs.
- f. Water beds.
- g. Adult beds.
- h. Soft mattresses.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 9 of 9

R400.1916

-
- i. Sofas.
 - j. Bean bags.
 - k. Other soft surfaces.
-

R 400.1916 (14)

(14) Children 24 months of age or younger who fall asleep in a space that is not approved for sleeping shall be moved to approved sleeping equipment appropriate for their size and age.

Rationale

From 2010 – 2017 there were 1,136 sleep related infant deaths in Michigan due to unsafe sleep environments. [Fact Sheet Safe Sleep](#) Infant sleeping requirements are based on the American Academy of Pediatrics recommendations.

Technical Assistance

If there is a health issue or special need that requires a child to sleep in anything other than an approved crib or porta-crib for infants or a crib, porta-crib, cot, or mat for children over 12 months, documentation from the child's health provider is required **prior** to allowing the child to sleep in anything other than an approved crib or porta-crib. The documentation must include specific sleeping instructions and time frames for how long the child needs to sleep in this manner.

R 400.1916 (15)

(15) Children over 24 months of age shall have an individual, age appropriate, clean, comfortable, and safe place to sleep or rest. The floor may be used only when padded, warm, and free from drafts and when there is a mat, sleeping bag, blanket, or similar piece of bedding between the floor and the child.

Rationale

Ensures the safety and well-being of children.

Consultation

The American Academy of Pediatrics recommends a minimum distance of three feet between rest equipment to limit the spread of disease.

If the home was built prior to 1978, children should not be allowed to sleep on the floor due to the potential exposure to lead dust. Children should sleep on raised surfaces such as cots.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 1 of 1

R400.1917

R 400.1917 Telephone.

- (1) Personnel shall have immediate access to an operable telephone within the child care home at all times.**
- (2) The telephone number must be made available to the department, personnel, and parents.**
- (3) The licensee shall inform the department, personnel, and parents of any change in telephone number.**

Rationale

Ensures that parents and the department can reach the personnel at all times. Ensures personnel are able to quickly contact emergency responders and parents.

Technical Assistance

Immediate access means that a phone is available at all times for both incoming and outgoing calls. If voice mail or an answering system is used, it is the responsibility of all personnel to check for messages frequently throughout the day and to return child care related calls promptly. Mobile or cordless phones used exclusively in the home must be charged and powered on during the hours of *operation*. Prepaid mobile phones must have available minutes for use during the hours of operation.

Consultation

It is best practice to take a fully charged mobile phone on field trips.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 1 of 6

R400.1918

R 400.1918 Medication; administration; procedures.

- (1) Medication, prescription or nonprescription, must be given to a child in care by a licensee or a child care staff member only. A child care assistant shall not give medication to a child in care.**

Rationale

Ensures the safety and well-being of children by ensuring medication is appropriately administered.

Technical Assistance

This rule does not require licensees or child care staff members to dispense medication.

The licensee may apply for a variance to allow school-age children, with parental permission, to self-administer medications such as an inhaler or diabetic shots. The variance request must indicate that *the licensee or a child care staff member* will supervise the self-administration of the medication and will complete documentation required under R 400.1918(7).

NOTE: Child Care Assistant means an individual who is 14 to 17 years of age, who participates in child care activities in a family or group child care home, and who shall not have unsupervised access to or provide unsupervised care or supervision of children.

R 400.1918 (2)

- (2) Medication, prescription or nonprescription, must be given or applied only with prior written permission from a parent.**

Rationale

Ensures the safety and well-being of children by ensuring medication is appropriately administered.

Technical Assistance

These guidelines must be followed when administering medication to ensure compliance with this rule:

- For oral prescription or non-prescription medications and topical prescription medications, the Medical Permission and Instructions (BCAL-1243) form (or comparable substitute) must be filled out completely by the parent indicating the dosage, times given per day and the number of days to be given.
- **Note:** An oral medication is anything that goes into the child's mouth (other than food and beverages) and a topical medication is anything that is applied to the child's body.
- Topical, non-prescription medications require only written parental permission under subrule (8) of this rule. The BCAL-1243 (or comparable substitute) does not need to be used. A blanket "as needed" medication permission form is sufficient. Refer to subrule (8) of this rule for more information.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 2 of 6

R400.1918

- A separate medication permission form is required for each medication for each individual child.
- The medication permission form must indicate a beginning date but can have “ongoing” as an ending date for ongoing/maintenance medications (e.g., inhalers, ritalin, etc.).
- The medication permission form must indicate a beginning date but can have “ongoing” as an ending date and “as needed” for the time the medication will be provided for medications that will only be provided in an emergency (e.g., epi pen) or for medications that will be provided on an as needed basis (e.g., Tylenol when a child complains of a headache or has a fever). *NOTE: “As needed” must include an explanation of symptoms that would require administration of the medication.*
- Any change in the prescription requires a new medication permission form be completed.
- An electronic signature from a child’s parent is acceptable.

Consultation

The Medication Permission and Instructions (BCAL-1243) form is available on the department's website (www.michigan.gov/michildcare-forms).

It is recommended that the parents provide all non-prescription medication, oral or topical.

The instructions for any medication provided on an as needed basis should be very specific as to when it can be provided. It is also recommended that parents also give verbal permission prior to giving a child a medication on as needed basis.

It is recommended that the parent review and re-sign all medication permission forms at least annually.

The U.S. Food and Drug Administration (FDA) and the American Academy of Pediatrics (AAP) have both recommended that cold and cough medications NOT be used with children under the age of six.

R 400.1918 (3)

(3) All medication must be in the original container, stored according to instructions, and clearly labeled for a named child.

Rationale

Ensures the safety and well-being of children by ensuring medication is appropriately administered.

Technical Assistance

This rule prohibits siblings from sharing prescription medication, unless all names are printed on the original pharmacy label.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 3 of 6

R400.1918

Nonprescription medications must also be labeled with the child's first and last name. Nonprescription medication can be shared as long as it is labeled with all of the children's names that will be using it.

Licensees or child care staff members are prohibited from administering any medication, prescription or non-prescription, that is not in an original labeled container.

Consultation

Parents can request the pharmacist split the prescription into two separate, pharmacy-labeled containers, one for home and one for the child care home.

It is recommended that the parents provide all non-prescription medication, oral or topical.

R 400.1918 (4)

(4) Prescription medication must have the pharmacy label indicating the physician's name, child's first and last name, instructions, and name and strength of the medication, and must be given in accordance with those instructions.

Rationale

Ensures the safety and well-being of children by ensuring that medication is appropriately administered.

Technical Assistance

Licensees or child care staff members must not inappropriately administer medication to a child based solely on a parent's desire or written permission to give the child medication. This includes "sharing" prescription medication among siblings unless all names are printed on the prescription label.

R 400.1918 (5)

(5) All medication must be kept out of the reach of children and returned to the child's parent when he or she determines it is no longer needed or when it has expired.

Rationale

Ensures the safety and well-being of children.

Technical Assistance

Medications stored on the kitchen table or counter are not considered out of the reach of children.

Consultation

Use caution when storing medication in the refrigerator to ensure it is not accessible to children. It is recommended that medication be moved to the back of the refrigerator to ensure that it is out of the sight and reach of children.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 4 of 6

R400.1918

NOTE: Parents often store medications in diaper bags, back packs, etc.

R 400.1918 (6)

(6) A licensee or child care staff member shall give or apply prescription or nonprescription medication according to the directions on the original container unless otherwise authorized by a written order of the child's physician.

Rationale

Ensures the safety and well-being of children by ensuring medication is appropriately administered.

Technical Assistance

Child care assistants between the ages of 14 and 17 are not adults and are prohibited from administering medication under any circumstances.

Licensees or child care staff members must not inappropriately administer medication to a child based solely on a parent's desire to give the child medication. This includes sharing prescription medication among siblings unless all names are printed on the pharmacy label.

If a non-prescription medication indicates that a physician should be consulted for the dosage, written instructions must be obtained from the physician before administering the medication.

Consultation

Attorney General Opinion No. 7274, dated August 28, 2013, confirmed that child care center rules allow adult personnel to administer insulin and glucagon. Insulin is often administered by syringe through an injection, but other options include insulin pens and pumps. Glucagon is only administered by injection.

It is recommended that licensees and child care staff members receive training on how to use any specific medical device such as an inhaler, nebulizer, or syringe, if necessary.

R 400.1918 (7)

(7) A record of the date, time, and the amount of all medication given or applied must be maintained on a form provided by the department or a comparable substitute approved by the department.

Rationale

Ensures that the medication is given according to the instructions.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 5 of 6

R400.1918

Technical Assistance

The Medical Permission and Instructions (BCAL-1243) form or a comparable substitute must be used to document compliance with this subrule for oral prescription or non-prescription medications and topical prescription medications. Refer to subrule (8) of this rule for non-prescription topical medications.

See subrule (2) of this rule for more information on when the medication permission form must be completed.

Consultation

The Medication Permission and Instructions (BCAL-1243) form is available on the department's website (www.michigan.gov/michildcare-forms).

R 400.1918 (8)

(8) Topical nonprescription medication, including but not limited to sunscreen, insect repellent, and diaper rash ointment, is exempt from subrules (1) and (7) of this rule.

Rationale

Allows more flexibility regarding the administration of topical non-prescription medications.

Technical Assistance

Topical non-prescription medication means anything that is applied to the child's body, including but not limited to:

- Sunscreen.
- Insect repellent
- Diaper rash cream.
- Antibiotic ointment.
- Rubbing alcohol.
- Hydrogen peroxide.
- Essential oils.

Topical nonprescription medication does not include:

- Hand sanitizer.
- Hand or body lotion, including petroleum jelly based products such as Vaseline.
- Lip balm.

As noted in subrule (2) of this rule, a blanket "as needed" medication permission form is sufficient for topical non-prescription medication. The date, time and amount of medication given does not need to be documented on the medication permission form.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 6 of 6

R400.1918

Consultation

It is recommended that parents be notified if hand sanitizer or any other lotion or cream is used by children in care. It is recommended that the written parental permission for use of essential oils contain specific instructions on when and how to apply them.

R 400.1918 (9)

(9) The records required in this rule must be retained for a minimum of 4 years.

Rationale

The department may need past records when conducting a complaint investigation or to resolve licensing issues.

Consultation

Licensees are encouraged to store inactive files separately from active files.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 1 of 4

R400.1919

R 400.1919 Communicable disease; immunization; mental and physical health; physician attestation; tuberculosis.

- (1) An applicant shall obtain a written statement, signed by a licensed physician or his or her designee within 1 year before issuance of the initial license, that attests to the applicant's mental and physical health. The attestation must be renewed at the time of subsequent license renewals.**

Rationale

Ensures licensees are physically, mentally and emotionally able to provide appropriate care and supervision of children and to promote children's healthy development.

Technical Assistance

Physician evaluations are acceptable from the following:

- A licensed Doctor of Medicine (MD).
- A licensed Doctor of Osteopathic Medicine (DO).
- A designee, which includes a physician assistant, nurse practitioner or nurse.

When a designee signs the evaluation, a physician's signature or stamp is not required on the form. If there is a question as to the validity of the document, the licensing consultant will contact the physician's office to verify its authenticity.

Consultation

The Licensing Medical Request (BCAL-3704-CC) may be used to document medical information. This form is located in the [forms](#) section of our [website](#).

R 400.1919 (2)

- (2) A licensee shall obtain from a child care staff member and a child care assistant a written statement, signed by a licensed physician or his or her designee within 1 year prior to caring for children, that attests to the child care staff member's or child care assistant's mental and physical health. The attestation must be renewed at the time of subsequent renewals of the child care home's license.**

Rationale

Ensures child care staff members and child care assistants are physically, mentally and emotionally able to provide appropriate care and supervision of children and to promote children's healthy development.

Technical Assistance

Physician evaluations are acceptable from the following:

- A licensed Doctor of Medicine (MD).
- A licensed Doctor of Osteopathic Medicine (DO).
- A designee, which includes a physician assistant, nurse practitioner or nurse.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 2 of 4

R400.1919

When a designee signs the evaluation, a physician's signature or stamp is not required on the form. If there is a question as to the validity of the document, the licensing consultant will contact the physician's office to verify its authenticity.

Consultation

The Licensing Medical Request (BCAL-3704-CC) may be used to document medical information. This form is located in the [forms](#) section of our [website](#).

R 400.1919 (3)

(3) An applicant, licensee, child care staff member, child care assistant, and a member of the household who is age 14 or older shall provide written evidence of freedom from communicable tuberculosis (TB) prior to caring for children or living in the child care home.

Rationale

Ensures the health and welfare of all personnel, child care home family members, children, and parents.

Technical Assistance

According to the Michigan Department of Health and Human Services (MDHHS), child care providers are not considered to be persons at higher risk for exposure to or infection with tuberculosis (TB), so serial testing is not recommended.

This rule applies to **all** *child care staff members*.

Documentation of a negative TB test must be verified by a health professional and must be kept on file at the home. Chest x-rays are acceptable in lieu of TB skin tests.

Pregnant women are often advised by their doctors not to have a TB skin test or chest x-ray. In this case, the staff member, household member or volunteer must submit a doctor's statement that a TB test cannot be performed due to the pregnancy. The TB test will be required as soon as medically safe after delivery.

A new negative TB test is required if the employee/volunteer is offered a position with a different licensee, unless the test is less than a year old. A new negative TB test would not be required for employees/volunteers moving to a different locations within the same licensee group.

Consultation

According to the MDHHS, persons considered to be at higher risk for exposure to or infection with TB include:

- Close contact with a person known or suspected to have TB.
- Foreign-born persons from areas where TB is common.
- Residents and employees of high-risk congregate settings such as jails and prisons.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 3 of 4

R400.1919

-
- Health care workers who serve high risk clients.
 - Medically underserved low-income populations.
 - High risk racial/ethnic populations.
 - Children exposed to adults in high risk categories.
 - Persons who inject illegal drugs.

For more information on TB testing, including on persons considered to be at higher risk for exposure to or infection with TB see the Michigan Department of Health and Human Services website for Occupational TB Screening.

R 400.1919 (4)

- (4) An individual who lives in a child care home or who cares for children in a child care home, who has a suspected or confirmed case of a communicable disease, shall not come into contact with children in the home's care. Communicable disease includes, but is not limited to, any of the following:**
- (a) Tuberculosis.**
 - (b) Influenza.**
 - (c) Measles.**
 - (d) Whooping cough.**
 - (e) Strep throat.**
 - (f) Scarlet fever.**
 - (g) Chicken pox.**

Rationale

Ensures the health and safety of children and personnel.

Technical Assistance

Refer to R 400.1961(1)(b) if a child is exposed to a communicable disease.

Consultation

[Managing Communicable Diseases in Child Care Settings \(BCAL-Pub 111\)](#) is available on the department's [website](#).

R 400.1919 (5)

- (5) If immunizations, as recommended by the state department of health and human services, have not been given or completed for all minors who live in the child care home, then the licensee shall inform the parent of each child in care at the home and all personnel.**

Rationale

Ensures the health and safety of children and personnel.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 4 of 4

R400.1919

Technical Assistance

Compliance with this rule is established by the completion of Section 3 of the [Child In Care Statement/Receipt \(BCAL-3900\)](#). This form is located in the [forms](#) section of our [website](#).

R 400.1919 (6)

- (6) The documents required in this rule must be retained by the licensee for a minimum of 4 years from the date the individual no longer resides in or cares for children in the child care home.**

Rationale

The department may need past records when conducting a complaint investigation. Past records may assist licensee in resolving licensing issues.

Technical Assistance

Child care personnel records should be kept on-site for the current year and the two years prior to the current year while the individual is employed. These records should be kept for four years after the individual leaves employment.

Consultation

Licensees are encouraged to store inactive files separately from active files.

R 400.1920 Outdoor play area and equipment.

- (1) A child care home shall provide a clean, safe, and hazard free outdoor play area, on the premises or within a reasonable walking distance of the home.**

Rationale

Ensures a safe outdoor play area is available to all children in care.

Technical Assistance

A survey of the outdoor play area by the licensee or child care staff member is essential before each use. Hazards include, but are not limited to:

- Glass or sharp objects.
- Chipped or peeling paint.
- Splintered, cracked or deteriorating wood.
- Protruding bolt ends with missing caps or covers.
- Loose bolts and nuts on equipment.
- Holes or ditches.
- Exposed cement supports.
- Broken play equipment.
- Animal feces, beehives, wasp nests, or ant hills.
- Toxic plants.
- General clutter or debris, such as piles of wood or brush, scrap metal, junk cars, or machinery.
- Poor drainage or an accumulation of water or ice.
- Busy roads and streets, railroad tracks.
- Electric fences.
- Water hazards.

Some outdoor toxic plants/trees include, but are not limited to:

- Holly berries.
- Pokeweed.
- Poison ivy and oak.
- Yew foliage, bark and seeds.
- Daphne berries.
- Oak tree foliage and acorns.
- Lantana leaves and fruit.
- Dumb Cane plants (dieffenbachia).
- Elderberry shoots, leaves and bark.
- Autumn Crocus.
- Daffodils, Iris, Morning Glory, Lily of the Valley, Chrysanthemum, Hyacinth.
- Boxwood trees.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 2 of 6

R400.1920

When a hazard is located in or near the play area, the hazard must be removed or protected. Protection can be provided by the use of a natural or man-made barrier, enclosure or other protective covering (e.g., a fence, wall, building, hedge, cover, etc.). Ensure barriers are:

- Free of ready footing for climbing.
- Free of any openings a child can get through.
- Free of objects that enable children to gain access to the hazard. Fences and barriers must not prevent the observation of children by personnel.

Fences and barriers must not prevent the observation of children by personnel.

Lead is another potential hazard. Lead from vehicle emissions remains in the soil in high traffic areas and soil that surrounds a building constructed prior to 1978 has the potential to contain lead. Children can pick up lead by eating the soil when playing outside or by inhaling lead dust. To minimize potential exposure to this risk, the surfacing of any play area bordering a building must not contain uncovered soil (no grass, mulch, etc.). The surface of any play area that abuts such a structure must be covered by grass, mulch or similar covering.

Consultation

Tips to prevent plant poisoning include:

- Teach the children never to put plants, plant parts or berries in their mouths.
- Closely supervise children at all times during outdoor play.
- Know which plants are poisonous and make them inaccessible to children.
- Regularly check the outdoor play area for poisonous plants.
- Don't assume that a plant is not poisonous because animals and birds eat it.

R 400.1920 (2)

(2) The play area size must be 1 of the following:

- (a) Not less than 400 square feet for a family child care home.**
- (b) Not less than 600 square feet for a group child care home.**

Rationale

Ensures the play area is of a sufficient size to allow freedom of movement without collisions among active children.

R 400.1920 (3)

- (3) A licensee shall provide an adequate and varied supply of outdoor play equipment, materials, and furniture, that is all of the following:**
- (a) Appropriate to the developmental needs and interests of children.**
 - (b) Appropriate to the number of children.**
 - (c) Safe and in good repair.**

Rationale

Providing an adequate amount of challenging and developmentally appropriate equipment promotes a healthy learning environment.

Technical Assistance

All broken equipment must be repaired, replaced or not used. All sandboxes must be covered or checked/cleaned prior to each use.

Equipment that is sized for larger or older children poses challenges that younger or smaller children may not be able to meet. Permanently installed play equipment is not required. Alternatives to permanently installed play equipment include, but are not limited to, balls, bats, parachutes, sand boxes, sidewalk chalk, child-sized garden tools, easels, dramatic play items, cardboard boxes, etc.

Refer to R 400.1915(4) regarding hazardous or recalled equipment as identified by the U.S. Consumer Product Safety Commission.

Consultation

It is best practice to have a separate outdoor play space with appropriately sized equipment and materials for infants and toddlers.

According to the Consumer Product Safety Commission's Handbook for Public Playground Safety, the following playground equipment is not appropriate for use by children under six years of age:

- Chain or cable walks.
- Free standing arch climbers.
- Free standing climbing events with flexible components.
- Fulcrum seesaws.
- Log rolls.
- Overhead rings.
- Parallel bars.
- Swinging gates.
- Track rides.
- Vertical sliding poles.

R 400.1920 (4)

- (4) The outdoor play area and equipment must be organized to meet all of the following requirements:**
- (a) To separate active and quiet activities.**
 - (b) For a clear and unobstructed view of the whole play area.**
 - (c) To ensure that there are safe distances between equipment.**

Rationale

Ensures the safety and well-being of children.

R 400.1920 (5)

- (5) When swings, climbers, slides, and other similar play equipment with a designated play surface above 30 inches are used, they must:**
- (a) Not be placed over concrete, asphalt, or a similar surface, such as hard-packed dirt or grass.**
 - (b) Be safe, in good repair, and age-appropriate.**
 - (c) Be placed at least 6 feet from the perimeter of other play structures or obstacles.**

Rationale

The surface under and around playground equipment can be a major factor in determining the injury-causing potential of a fall. A fall onto a shock-absorbing surface is less likely to cause a serious injury than a fall onto a hard surface.

A US Consumer Product Safety Commission study of playground equipment related injuries treated in U.S. hospital emergency rooms indicated that the majority resulted from falls from equipment to the ground surface below the equipment.

Head impact injuries present a significant danger to children. Falls onto a shock-absorbing surface are less likely to cause serious injury because the surface is yielding so peak deceleration and force are reduced.

Technical Assistance

To comply with subrule (a):

- Place shock-absorbing material under all elevated pieces of play equipment. Shock-absorbing material may include, but is not limited to, sand, wood chips, shredded bark or tires, pea gravel, or commercial playground matting. Note: Shock-absorbing material must not be placed over concrete or asphalt.

To comply with subrule (b):

- If the shock-absorbing material becomes compacted, it must be turned over or raked to increase resiliency.

Consultation

The following best practices are recommended:

- Six to twelve inches of shock-absorbing material may be adequate depending on the height of the piece of equipment.
- The surfacing material should extend a minimum of six feet from the perimeter of the piece of equipment to cover the entire fall zone.

See the [U.S. Consumer Product Safety Commission's Outdoor Home Playground Safety Handbook](#) for recommendations.

R 400.1920 (6)

(6) Trampolines must not be used outdoors by children in care.

Rationale

According to the American Academy of Pediatrics (AAP), trampolines:

- Present a safety hazard.
- Have the potential for serious injury.
- Should never be used in a home or recreational setting.
- Require highly trained personnel who have been instructed in all aspects of trampoline safety.

Technical Assistance

Trampolines of all sizes are prohibited, even with parental permission.

Consultation

The AAP recommends that mini and full-sized trampolines never be used at home, in routine gym classes, or on playgrounds. They should only be used in supervised training programs for gymnastics, diving, or other competitive sports.

R 400.1920 (7)

(7) Bounce houses are permissible outdoors with direct supervision by a licensee or child care staff member, and pursuant to the manufacturer's recommendations.

Rationale

When used according to manufacturer's guidelines, bounce houses can safely promote physical development.

Technical Assistance

The Cambridge dictionary defines bounce house as a large plastic structure usually in the shape of a building that is filled with air that children can jump up and down in for fun.

Only bounces houses manufactured for outdoor use can be used.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 6 of 6

R400.1920

Use of a bounce house must be directly supervised by the licensee or an adult child care staff member.

Ensure all cords used to power the bounce house are secured in such a way they are not hazardous to children (see R400.1942 (3)).

Be sure to read and follow the manufacturer's directions for safety precautions, number of children permitted at any given time, age of children, installation and set-up, weather conditions, etc. Resources can be found at the links below.

- <https://www.bouncehousesnow.com/bounce-house-safety.html>
- <https://www.healthychildren.org/English/safety-prevention/at-play/Pages/Bounce-Houses-Safety-Information-for-Parents.aspx>
- The AAP offers [bounce house safety guidelines](#) for parents.

Consultation

It is recommended that you maintain your manufacturer specifications received at purchase or rental.

Weather conditions should be monitored prior to and during use for wind speed or inclement weather such as but not limited to rain, excessive temperatures and storms.

Inclement weather should always be monitored during outdoor play but bounce houses can pose a safety hazard if used during high wind speed. Wind speed should be monitored during use.

R 400.1920 (8)

(8) Children in care shall not be permitted to ride all-terrain vehicles, motor bikes, go-carts, recreational or other motorized vehicles.

Rationale

Motorized toys often cause injuries to young children due to their high center of gravity and speed.

Technical Assistance

Motorized vehicles include, but are not limited to riding lawn mowers, tractors, jet skis, snowmobiles, motorized scooters and motorcycles.

Child-sized battery-operated riding vehicles are permitted. Manufacturer recommendations must be followed.

R 400.1921 Water hazards; water activities.

- (1) A licensee shall ensure that barriers exist to prevent children from gaining access to any swimming pool, drainage ditch, well, natural or constructed pond, or other body of open water located on or adjacent to the property where the child care home is located. These barriers must be a minimum of 4 feet in height and appropriately secured to prevent children from gaining access to such areas.**

Rationale

Fences or barriers can prevent injury and drowning, as most children drown within a few feet of safety. Fences or barriers can provide an added layer of protection, but they do not replace the need for adequate supervision during outdoor play and all water activities.

Technical Assistance

Water hazards must be assessed based on the location of the approved play area and accessibility to the water hazard.

When a water hazard is present, either the play area or water hazard must be protected. Protection may be provided by the use of a natural or man-made barrier, enclosure or other protective covering (e.g., a fence, wall, building, hedge, cover, etc.).

Ensure barriers are:

- Free of ready footing for climbing.
- Free of any openings a child can get through.
- Free of objects that enable children to gain access to the water (steps, ladders, pump mechanisms, etc.).
- If fencing is used, gates must be secured with a lock that cannot be operated by a child.
- Hot tubs and spa pools must have a locking hard cover, per subrule (3) of this rule.
- All areas must be visible to allow adequate supervision.

Soft Side Pools

Regardless of the pool height, a 4-foot barrier is required based on the following safety issues:

- The construction of the sides of the pool increases the possibility that children will use the sides to climb into the pool.
- Children are able to pull on the side which allows water to discharge from the pool.
- The pool presents an entrapment hazard to children if it loses air or is punctured.

Note: Local municipalities may have additional zoning requirements. It is recommended that you consult your local zoning authority prior to installing any pool.

Consultation

Fence openings of 3 ½ inches or smaller prevent children from passing through the fence and prevent head and body entrapments.

R 400.1921 (2) – (3)

(2) A hot tub or spa pool must not be used when children are in care.

(3) A hot tub or spa pool, whether indoors or outdoors, must be made inaccessible to children in care by the use of a locked hard cover.

Rationale

Any body of water presents a drowning risk or injury to young children.

The water in hot tubs and spa pools is extremely hot. Infants and toddlers are particularly susceptible to overheating.

R 400.1921 (4)

(4) A wading pool may be used when all of the following requirements are met:

(a) It is clean and free of debris.

(b) It is emptied and cleaned after each play period or immediately when it becomes dirty or contaminated.

(c) It remains empty at all times when not in use.

Rationale

Ensures for the health and safety of children.

Technical Assistance

Wading pools may not be filled in advance as a way to warm the water. If the pool water is cold, warm water from the home may be added.

Any wading pool that fills with rainwater must be emptied immediately.

R 400.1921 (5)

(5) Before use of a residential pool or any other body of water by children in care, a licensee shall ensure that the water is clean, safe, and sanitary, and that the children will be appropriately and adequately supervised.

Rationale

For residential pools, regular testing of the chemical levels and taking the appropriate measures ensures the control of bacteria and algae.

Technical Assistance

For lakes, streams and rivers, the licensee must check for the Department of Community Health water advisories or a posting at the site of any water hazards.

Swimming pools must be chemically treated according to the manufacturer's guidelines.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 3 of 6

R400.1921

Refer to R 400.1911(6) regarding the supervision of children during water activities and subrules (6-11) of this rule for additional water activity requirements.

R 400.1921 (6)

(6) Public swimming areas may be used only if a lifeguard is present.

Rationale

Ensures for the safety and well-being of children by having a trained individual immediately available in case of an emergency.

Small children can drown within 30 seconds and most children drown within a few feet of safety. Drowning accounts for a higher rate of death than does illness.

Technical Assistance

Public swimming areas include but are not limited to, pools, ponds, lakes, streams, rivers, canals, gravel pits, and water parks. Community pools, including subdivision pools, are considered public swimming areas.

A lifeguard must be certified and should have a valid Water Safety Instructor card available.

Refer to R 400.1911(6) regarding the supervision of children during water activities and subrules (7-11) of this rule for additional water activity requirements.

Consultation

Even though a lifeguard is on duty, it is recommended that the licensee obtain from the parent the:

- Child's previous water activity experience.
- Child's swimming ability.
- Need for a life jacket or flotation device.

Regardless of the parent's statement about a child's swimming ability, the licensee should assess each child's swimming ability.

R 400.1921 (7)

(7) If there are 2 groups of children, 1 group in the water and 1 group out of the water, then the personnel to child ratios, as required in R 400.1910, must be maintained for each group, with the exception that the personnel to child ratio for children under 3 years of age who are in the water must be 1-to-1 at all times.

Rationale

Small children can drown within 30 seconds, in as little as two inches of liquid and most children drown within a few feet of safety.

Technical Assistance

The following guidelines must be met to ensure rule compliance:

- For children over age 3 in the water, personnel may be in or out of the water supervising only those children.
- If a group of children are playing in the swimming pool and a second group of children are engaged in a separate activity out of the pool, more than one caregiver is required.

Note: This rule does not apply to wading pools. If a wading pool is used, personnel must ensure that they can properly supervise all children in their care. If there is a problem with supervision during the use of a wading pool, rule 400.1911(1) will be cited.

Also refer to R 400.1911(6) regarding the supervision of children during water activities and subrules (6) and (8-11) of this rule for additional water activity requirements.

Consultation

It is recommended that the personnel in the water with the children is a capable swimmer.

R 400.1921 (8)

(8) Rescue equipment must be readily accessible at all times.

Rationale

Rescue equipment is essential for the safety and well-being of children.

Technical Assistance

Rescue equipment may include, but is not limited to, a ring buoy and rope, a rescue tube, a throwing line, a shepherd's hook, or a reaching pole.

This rule applies to all water activity areas, on or off the child care premises.

Also refer to subrules (6-7) and (9-11) of this rule for additional water activity requirements.

R 400.1921 (9)

(9) A working telephone must be immediately accessible in the water activity area.

Rationale

Ensures there is a working telephone readily available in case of an emergency.

Technical Assistance

If the water activity is not on the premises, a charged and working cell phone is acceptable.

Personnel must ensure that a working telephone is immediately accessible before children enter the water.

Also refer subrules (6-8) and (10-11) of this rule for additional water activity requirements.

R 400.1921 (10)

(10) A licensee shall obtain and keep on file written permission from a child's parent for the child's participation in either of the following:

- (a) Before each outdoor water activity at a swimming pool, lake, or other body of water off the child care home premises.**
- (b) Once per season for water activities occurring on the child care home premises.**

Rationale

Ensures parents know the whereabouts of their children each day and that parents have the right to approve whether their children engage in water activities.

Consultation

Prior to the first water activity of the season, it is recommended that the licensee obtain from the parent the:

- Child's previous water activity experience.
- Child's swimming ability.
- Need for a life jacket or flotation device.

Regardless of the parent's statement about a child's swimming ability, the licensee should assess each child's swimming ability.

Red Cross guidelines state that for a child to be considered a swimmer, the child must meet all of the following criteria: www.redcross.org

- Keep afloat for 5 minutes by any means possible.
- Swim the length of the pool, using any stroke, for a minimum of 25 yards.
- Perform both of the above without the use of a flotation device.

Also refer to subrules (6-9) and (11) of this rule for additional water activity requirements.

R 400.1921 (11)

(11) The emergency plan in R 400.1945 must include procedures for water emergencies.

Rationale

Personnel must know the plan for dealing with an emergency situation when a child requires immediate care and attention.

Drowning accounts for a higher rate of death than does illness and small children can drown within 30 seconds.

Most children drown within a few feet of safety.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 6 of 6

R400.1921

Technical Assistance

Personnel are responsible and accountable for:

- Attending to the needs of the injured child as the first priority.
- Attending to the needs of the other children.
- Ensuring parent is called as soon as possible once the child's immediate needs have been met.

Refer to R 400.1945(1)(d) on developing water emergency procedures.

Also refer to subrules (6-10) of this rule for additional water activity requirements.

R 400.1922 (1) Nighttime care.

1. In a home where children are in care between the hours of midnight and 5 a.m., not more than 2 adjoining floor levels shall be used at any 1 time to sleep children.

Rationale

Assures for the safety and welfare of children.

Technical Assistance

Adjoining floor levels means any two floors that are connected by 3 or more steps.

R400.1922 (2)

2. If the caregiving staff and children in care are sleeping, then at least 1 caregiving staff shall be on the same floor level as the sleeping children.

Rationale

Assures for the safety and protection of children in case of a fire or emergency.

R400.1922(3)

3. Homes shall not use a third or higher floor as a resting or sleeping area for children in care unless there are 2 stairways to ground level.

Rationale

Assures for the safe evacuation of children in case of a fire or emergency.

R400.1922 (4)

4. If Nighttime care is provided, then children shall sleep in age appropriate cribs and beds. Port-a-cribs and play yards are not allowed for nighttime care.

Rationale

Assures for the safety and well-being of children as children in nighttime care are asleep for longer periods of time than children who nap during the day. These children will have a more restful sleep on an appropriately sized bed than on a mat or cot.

Technical Assistance

The American Heritage Dictionary defines a bed as "A piece of furniture for reclining and sleeping, typically consisting of a rectangular frame and a mattress resting on springs."

The following would be considered a bed for the purposes of this rule:

- Sofa beds.
- Futons.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page **2** of **2**

R400.1922

- Inflatable beds.

The following would not be considered a bed for purposes of this rule:

- Mats.
- Cots.
- Bean bags.
- Couches.
- Reclining chair.
- Portable camping beds.

Porta-cribs and pack n' plays are not acceptable for nighttime care.

TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES

Page 1 of 7

R400.1923

R 400.1923 Diapering and toilet learning.

- (1) Diapering of infants and toddlers shall only occur in a designated changing area.**

Rationale

A separate area for diaper changing or changing of soiled clothing reduces the contamination of other parts of the child care environment.

Technical Assistance

Refer to subrule (2) of this rule regarding guidelines for the diaper changing area.

R 400.1923 (2)

- (2) The designated changing area must comply with all of the following:**
- (a) Be used exclusively for changing wet or soiled diapers or underwear.**
 - (b) Be located away from food preparation and meal service areas.**
 - (c) Have access to a hand washing sink that is not used for food preparation.**
 - (d) Have a nonabsorbent, easily sanitized surface with a changing pad between the child and the surface.**
 - (e) Be cleaned and sanitized after each use.**
 - (f) Have diapering and changing supplies within easy reach.**
 - (g) Have a plastic-lined, tightly covered container that is used exclusively for disposable diapers and diapering supplies that must be emptied and sanitized at the end of each day.**

Rationale

Ensures the health and safety of children by reducing the contamination of the child care environment and the transmission of disease.

Covered containers ensure wet or soiled diapers are inaccessible to children and eliminate odor.

Technical Assistance

To comply with subrule (a) of this rule, the designated changing area must not be used by children for activities. A changing table is considered a designated changing area even when located in a child use space and is in compliance with this rule.

Example 1: Using a changing pad over a vinyl or ceramic bathroom floor **is acceptable.**

Example 2: Using a changing pad on top of a large vinyl/plastic surface (shower curtain, table cloth, lid from a large plastic container, etc.) on a carpeted bathroom floor/rug **is acceptable.**

Example 3: Using a changing pad on top of a large vinyl/plastic surface (shower curtain, table cloth, lid from a large plastic container, etc.) on a surface such as a couch, bed, carpeted floor, etc. in a *non-child use space* **is acceptable.**

Example 4: Using a changing pad on a surface such as a washer/dryer, laundry/bathroom counter, etc. in a *non-child use space* is **acceptable**.

Example 5: Using a changing pad on top of a large vinyl/plastic surface (shower curtain, table cloth, lid from a large plastic container, etc.) on any surface other than a changing table (floor, couch, bed, table, etc.) in the *child use space* is **not acceptable**.

Since children have access to this area as approved child use space, it would not be used exclusively for diapering.

Cleaning as noted in subrule (e) of this rule means washed vigorously with soap and water and rinsed with clean water. Sanitizing as noted in subrules (e) and (g) of this rule means to:

- Wipe or spray the surface with a sanitizing solution.
- Let the surface air dry or wipe dry after two minutes with a single service towel.

Examples of sanitizing solutions include but are not limited to:

- Water and non-scented chlorine bleach with a concentration of bleach between 50 – 200 parts per million (one teaspoon to one tablespoon of bleach per gallon of water). This solution must be made fresh daily.
- Commercial sanitizers (products labeled as a sanitizer purchased at a store). Caution should be exercised to ensure they are used according to the manufacturer's instructions.

Note: Cleaning and sanitizing of the diaper changing surface is required, even when disposable paper liners are used. If disposable changing pads are used, then they must be discarded after each diapering.

Any changing pad or non-absorbent surface must be replaced if it becomes torn. It cannot be repaired by placing tape over the tear, as bacteria can be absorbed, leading to the spread of diseases.

If diapers and diapering supplies are disposed of inside the home, to comply with subrule (g) of this rule, a plastic-lined, tightly covered container that is used exclusively for these items must be used. It is also acceptable to dispose of diapers and diaper supplies directly into an outside garbage container.

Refer to R 400.1924 regarding hand washing requirements when diapering.

Consultation

Centers for Disease Control and Prevention [CDC website](https://www.cdc.gov):

Know the difference between cleaning, disinfecting, and sanitizing

Cleaning removes germs, dirt, and impurities from surfaces or objects. Cleaning works by using soap (or detergent) and water to physically remove germs from surfaces. This

process does not necessarily kill germs, but by removing them, it lowers their numbers and the risk of spreading infection

Sanitizing lowers the number of germs on surfaces or objects to a safe level, as judged by public health standards or requirements. This process **works by either cleaning or disinfecting** surfaces or objects to lower the risk of spreading infection.

Disinfecting kills germs on surfaces or objects. Disinfecting works by using chemicals to kill germs on surfaces or objects. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection.

It is recommended that the diapering surface and the diaper disposal container be **disinfected weekly or when necessary**. A disinfecting solution can be made using water and non-scented chlorine bleach with a concentration of 1/3 cup bleach per gallon of water. The bleach solution should be left on the surface for 10 to 20 minutes and then rinsed with clean water.

Bleach is recommended as a sanitizing product because it is safe, effective and inexpensive. Test strips to check the concentration of the bleach/water solution can be used and are available from most food service suppliers.

It is recommended that the diapering surface and the diaper disposal container be disinfected. A disinfecting solution can be made using water and non-scented chlorine bleach with a concentration of 1/3 cup bleach per gallon of water. The bleach solution should be left on the surface for 10 to 20 minutes and then rinsed with clean water.

Local health department sanitarians may maintain a list of approved commercial sanitizers.

Providers are encouraged to use separate spray bottles containing soapy water, rinse water and a sanitizing or disinfecting solution.

R 400.1923 (3)

(3) Diapers or training pants must be changed when wet or soiled.

Rationale

Prolonged contact of the skin with urine, feces, or both, causes irritation, which then leads to common diaper dermatitis and other serious illnesses.

Technical Assistance

See R 400.1924 regarding hand washing requirements when diapering.

Consultation

The following best practices are recommended:

- Check children's diapers frequently.
- Get organized by washing hands and having the necessary supplies at the diaper changing area before bringing the child to the changing area.
- Carry child to the changing table, keeping soiled clothing away from you and any areas that cannot be easily cleaned and sanitized after the change.
- Place the child on the diaper changing surface.
- Remove the soiled diaper and clean the child.
- Put on a clean diaper and dress the child.
- Wash the child's hands and return the child to a supervised area.
- Clean and sanitize the diaper changing surface.
- Wash your hands.
- Record the diaper change in the child's daily log.

R 400.1923 (4)

- (4) Only single use disposable wipes or other single use cleaning cloths must be used to clean a child during the diapering or toileting process.**

Rationale

Single use of wipes or cleaning cloths eliminates the transmission of germs.

R 400.1923 (5)

- (5) All of the following requirements apply when cloth diapers or training pants are used:**
- (a) Each cloth diaper must be covered with an outer waterproof covering. Outer coverings must be removed as a singular unit with wet or soiled diapers or training pants.**
 - (b) Diapers, training pants, and outer coverings must not be reused until machine washed and sanitized.**
 - (c) No rinsing of the contents may occur at the child care home.**
 - (d) Soiled diapers must be placed in a plastic-lined, covered container used only for that child's soiled diapers.**
 - (e) Soiled diapers or training pants must be stored and handled in a manner that will not contaminate any other items and must not be accessible to children.**
 - (f) A child's parent shall remove soiled diapers or training pants from the child care home every day.**
 - (g) A child's supply of clean diapers or training pants must be used only for that child.**

Rationale

Containing and minimizing the handling of soiled diapers reduces the chance that other surfaces are contaminated which prevents the spread of infectious disease and the transmission of germs.

Technical Assistance

The contents of a soiled cloth diaper or training pants may be dumped but the diaper must not be rinsed.

R 400.1923 (6)

(6) Toilet learning must be planned cooperatively between the parent and the licensee so the toilet routine established is consistent.

Rationale

Ensures consistency and continuity between personnel and the parent which reduces confusion for the child.

Technical Assistance

The toilet routine established cannot violate R 400.1913(3) even if parental permission is given.

Consultation

Toilet Training and the Toddler (BCAL-Pub 686) is available on the department's website under [Child Care Resources](#) .

R 400.1923 (7)

(7) If toilet learning equipment such as potty chairs and modified toilet seats, are used, then both of the following apply:
(a) They must be able to be easily cleaned and sanitized.
(b) Potty chairs must be emptied, rinsed, and sanitized after each use.

Rationale

Reduces the contamination and transmission of disease in a of the child care environment.

Technical Assistance

Sanitizing as noted in this rule means to:

- Wipe or spray the potty chair with a sanitizing solution.
- Let the potty chair air dry for at least two minutes.

Examples of sanitizing solutions include but are not limited to:

- Water and non-scented chlorine bleach with a concentration of bleach between 50 – 200 parts per million (one teaspoon to one tablespoon of bleach per gallon of water). This solution must be made fresh daily.
- Commercial sanitizers (products labeled as a sanitizer purchased at a store). Caution should be exercised to assure they are used according to the manufacturer's instructions.

It is important to read the labels of any sanitizing product to ensure proper use.

Potty chairs must not be rinsed in a food preparation/kitchen sink.

See R 400.1924 regarding hand washing requirements when helping a child use the toilet.

Consultation

Centers for Disease Control and Prevention [CDC website](#):

Know the difference between cleaning, disinfecting, and sanitizing

Cleaning removes germs, dirt, and impurities from surfaces or objects. Cleaning works by using soap (or detergent) and water to physically remove germs from surfaces. This process does not necessarily kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.

Sanitizing lowers the number of germs on surfaces or objects to a safe level, as judged by public health standards or requirements. This process **works by either cleaning or disinfecting** surfaces or objects to lower the risk of spreading infection.

Disinfecting kills germs on surfaces or objects. Disinfecting works by using chemicals to kill germs on surfaces or objects. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection.

A disinfecting solution can be made using water and non-scented chlorine bleach with a concentration of 1/3 cup bleach per gallon of water. The bleach solution should be left on the surface for 10 to 20 minutes and then rinsed with clean water.

Bleach is recommended as a sanitizing product because it is safe, effective and inexpensive. Test strips to check the concentration of the bleach/water solution can be used and are available from most food service suppliers.

Local health department sanitarians may maintain a list of approved commercial sanitizers.

For cleaning up feces, it is recommended that the potty chair be disinfected.

- A disinfecting solution can be made using water and non-scented chlorine bleach with a concentration of 1/3 cup bleach per gallon water. The bleach solution should be left on the surface for 10 to 20 minutes and then rinsed with clean water.

Licensees are encouraged to use separate spray bottles containing soapy water, rinse water and a sanitizing or disinfecting solution in their sanitizing procedures.

R 400.1923 (8)

(8) If disposable gloves are used, then they must only be used once for a specific child and must be removed and disposed of in a safe and sanitary manner immediately after each diaper change.

Rationale

Using a pair of gloves only once and disposing of them immediately will reduce the transmission of germs.

Technical Assistance

The use of gloves is not required. However, if gloves are used, it does not eliminate the need for washing hands with soap and water after each diapering.

Consultation

If using gloves, the following best practices are recommended based on the National Health and Safety Performance Standards:

- Put on a clean pair of gloves.
- Provide the appropriate care.
- Remove each glove carefully by grabbing the first glove at the palm and stripping it off. Touch dirty surfaces only to dirty surfaces.
- Ball-up the dirty glove in the palm of the other gloved hand.
- Using the clean hand, strip the glove off from underneath at the wrist, turning the glove inside out. Touch dirty surfaces only to dirty surfaces.
- Discard the dirty gloves immediately and wash your hands.

R 400.1924 (1) – (2) Hand washing.

(1) All personnel shall wash their hands appropriately and in the following manner:

- (a) Before and after all of the following:**
 - (i) Preparing and serving food, eating, and feeding.**
 - (ii) Giving medication.**
- (b) After all of the following:**
 - (i) Diapering.**
 - (ii) Using the toilet or helping a child use the toilet.**
 - (iii) Handling bodily fluids, such as mucus, blood, vomit, from sneezing, wiping, and blowing noses, from mouths, or from sores.**
 - (iv) Handling animals and pets.**
 - (v) Cleaning or handling garbage.**

(2) Personnel shall ensure that children wash their hands at all of the following times:

- (a) Before and after meals, snacks, or food preparation experiences.**
- (b) After toileting or diapering.**
- (c) After contact with any bodily fluids.**
- (d) After playing in sand or water.**
- (e) After handling animals and pets.**
- (f) When soiled.**

Rationale

Unwashed or improperly washed hands are the primary carriers of infections. The most important way to reduce the spread of infection is through proper hand washing. Deficiencies in hand washing may contribute to outbreaks of diarrhea among children and personnel and can lead to other serious illnesses.

Technical Assistance

General hand washing procedure includes the following steps:

- Wet hands under warm running water.
- Apply soap.
- Vigorously rub hands together for at least 20 seconds to lather all surfaces of the hands.
- Thoroughly rinse hands under warm running water.
- Dry hands.

Note: A quick pass under the faucet to dampen hands IS NOT an effective way to wash hands.

Consultation

The following procedures are considered best practice for hand washing:

- Have a clean, disposable paper or single-use cloth towel available.
- Turn on the water to a comfortable temperature between 60° F to 120° F.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 2 of 3

R400.1924

-
- Rub hands together vigorously until a soapy lather appears and continue for at least 20 seconds.
 - Rub areas between fingers, around nailbeds, under fingernails, jewelry, and the back of hands.
 - Rinse hands under running water until they are free of soap and dirt. Leave the water running while drying hands.
 - Dry hands with clean, disposable paper or single-use cloth towel.
 - If the water faucet does not shut off automatically, turn it off with the disposable paper or single-use cloth towel.
 - Dispose of the single-use paper towel in a lined trash container or place the cloth towel in a laundry hamper.
-

R 400.1924 (3)

(3) Hand sanitizers and wipes may be used as a temporary measure during outings, such as field trips and outdoor activities, until soap and running water are available.

Rationale

Hand sanitizers and wipes do not effectively clean hands. Soap lather loosens soil and brings it to the surface on the hands. Running water over the hands removes the soil, including infection-causing bacteria.

Technical Assistance

This rule applies to offsite activities only.

Refer to subrules (1) and (2) of this rule for the specific times when hand washing is required for children and personnel.

Hands must be washed upon returning from an outing where soap and running water were not available even if sanitizer or wipes were used.

Consultation

See Center for Disease Control (CDC) and/or American Academy of Pediatrics (AAP) for importance of handwashing.

- [Hand Washing: A Powerful Antidote to Illness](#)
 - [Hand, Foot & Mouth Disease: Parent FAQs](#)
 - [Influenza Prevention and Control: Strategies for Early Education and Child Care Programs](#)
-

R 400.1924 (4)

(4) When an infant is too heavy to hold for handwashing, cannot stand safely to wash hands at a sink, is not developmentally ready to hold head, and for children with special needs who are not capable of washing their own hands, staff may wash the child's hands with non-toxic disposable wipes.

Rationale

To provide an alternate method for cleaning children's hands when the above situations are present.

Technical Assistance

Non-toxic disposable wipes include, but are not limited to cleansing wipes, baby wipes, diaper wipes (Huggies Diaper Wipes), kid wipes, wet wipes for hands and face, etc. Only wipes intended for use on skin can be used.

Household cleaning wipes must not be used.

Packaging guidelines must be followed.

Children should be supervised when using disposable wipes.

Consultation

Inform parents of the brand and type of wipe used.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 1 of 9

R400.1925

R 400.1925 Comprehensive background check; fingerprinting.

(1) Pursuant to section 5n of the act, MCL 722.115n, prior to an individual having any unsupervised contact with children, the department shall determine the individual's eligibility to be any of the following:

- (a) A licensee.**
- (b) An adult member of the household.**
- (c) A child care assistant.**
- (d) A child care staff member.**
- (e) An unsupervised volunteer.**

Technical Assistance:

- (a) "Licensee" means a person, partnership, firm, corporation, association, nongovernmental organization, or local or state government organization that has been issued a license under this act to operate a child care organization.
- (b) "Adult member of the household" means any individual 18 years of age and older who resides in a family or group child care home on an ongoing basis, or who has a recurrent presence in the home, including, but not limited to, overnight stays.
- (c) "Child care assistant" means an individual who is 14 to 17 years of age, who participates in child care activities in a family or group child care home, and who shall not have unsupervised access to or provide unsupervised care or supervision of children.
- (d) "Child care staff member" means an individual who is 18 years of age or older to whom 1 or more of the following applies:
 - (i) The individual is employed by a child care center, group child care home, or family child care home for compensation, including contract employee or a self-employed individual.
 - (ii) An individual whose activities involve the unsupervised care or supervision of children for a child care center, group child care home, or family child care home.
 - (iii) An individual who has unsupervised access to children who are cared for or supervised by a child care center, group child care home, or family child care home.
- (e) "Unsupervised volunteer" means an individual who is 18 years of age or older, provides services for a child care home that are not compensated, and who has been determined eligible by the department to be unsupervised with children.

Eligibility is determined through the comprehensive background check process. In order to receive a determination, the individual must be entered into the Child Care Background Check (CCBC) system by the person authorized to use the system and then fingerprinted under the Child Care Licensing (CCL) Reason Code. Upon receipt of the fingerprint results, all remaining registry checks will be completed by the department. Any applicant who has resided out of state or country within the past 5 years is required to submit additional information in order to complete the comprehensive background check. This

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 2 of 9

R400.1925

may include the submission of additional forms and fees required by state(s) in order to complete the remaining components of the comprehensive background check.

To be “eligible” means that the individual obtained the checks and clearances described in sections 5n and 5q and is considered appropriate to obtain a license, to be a member of the household of a group child care home or family child care home, or to be a child care staff member. A comprehensive background is required to determine eligibility.

A complete signed and dated consent and disclosure form is required for all child care staff members before fingerprint information is entered in the CCBC system. Consent and disclosure forms should be kept in a secure location and retained for four years after the person has left employment. Consent and disclosure forms can be found here www.michigan.gov/ccbc under [Forms and Resources](#).

This form is important for several reasons:

1. The Consent and Disclosure form provides instructions to the applicant on how to appeal their criminal history record information if they feel that there is an inaccuracy in their record.
2. The form reminds applicants and licensees of the statutory requirement under MCL 722.115e to report arraignments and convictions for crimes listed in section 5r within 3 business days.
3. The form contains personal information required for completing a comprehensive background check. Omitting or providing false information on this form will result in a determination of ineligible for that application. Therefore, the department may request a copy of the Consent and Disclosure form to assure that the applicant did not knowingly falsify or omit information such as, but not limited to; names previously used or states previously resided in.

While awaiting results of the comprehensive background check an individual may serve as a child care staff member if the individual is supervised **at all times** by an eligible staff member. Supervised at all times means the eligible staff member can see and hear the individual at all times. Example: if the eligible staff member needs to use the restroom another eligible staff member must step in to supervise the individual prior to them leaving the room.

Michigan State Police (MSP), the Federal Bureau of Investigation (FBI) and LARA will periodically request a copy of the Consent and Disclosure form to ensure compliance. MSP and the FBI have Criminal Justice Information Services (CJIS) policies which require a Consent form. Both MSP and the FBI audit LARA to ensure individuals fingerprinted under the child care reason code are aware of their rights and responsibilities as documented in this form. As the department is periodically audited by the FBI/MSP to ensure compliance with CJIS policies, we may request that a copy of the Consent and Disclosure form be provided.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 3 of 9

R400.1925

On occasion, the department may become aware of additional aliases or states of residency not disclosed into the CCBC system. When this occurs, the department may request a copy of the Consent and Disclosure form to assess whether or not the individual was knowingly attempting to falsify or omit information in connection with the background check.

Falsifying and omitting information in connection with a comprehensive background check will result in an applicant being found ineligible for that application. If there are concerns that an applicant may have omitted or falsified information in the Consent and Disclosure form and by extension the CCBC System, the department may request to view the form.

Once an applicant completes the Consent and Disclosure form, they should be provided a copy of their form for future use.

The CCBC [Forms and Resources](#) has a PowerPoint training guide for using the Child Care Background Check System.

For questions, contact the CCBC unit at 844-765-2247.

Frequently Asked Questions for using the CCBC system can be found here [FAQ](#)

The Consent and Disclosure form must have an original signature. Digital signatures will not be accepted.

R 400.1925 (2)

(2) An applicant or licensee shall do all of the following:

- (a) Ensure that each individual who requires an eligibility determination pursuant to subrule (1) of this rule completes, signs, and submits all of the information required in subrule (5) of this rule, and in subrule (6) of this rule if applicable, on a form prescribed by the department. The forms are available on the department's website for the child care background check system, www.michigan.gov/ccbc . The form(s) must be signed and dated prior to the individual's appointment to be fingerprinted.**
- (b) Maintain a copy of the completed and signed form(s) for each individual entered into the child care background check system under the license.**
- (c) Provide to the department, upon request, a copy of the individual's completed and signed form(s).**
- (d) Establish and activate an account and accurately enroll each individual listed in subrule (1) in the child care background check system.**
- (e) Within the department's child care background check system, accurately complete and maintain the connection, disconnection, or withdrawn status of each individual associated with the license.**
- (f) Immediately disconnect each individual from the system once he or she is no longer a licensee, adult member of the household, child care assistant, child care staff member, or an unsupervised volunteer under the license.**

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 4 of 9

R400.1925

Rationale:

Ensures the safety and welfare of children.

Technical Assistance:

(2)(a) The Child Care Background Check Unit phone number is 844-765-2247

(2)(b) Maintain a copy of the Comprehensive background check Consent and Disclosure Form). www.michigan.gov/ccbc.

Note: the eligibility letter is not a required document to have in the provider's file.

(2)(c) Form requested from the department will include the Childcare Licensing Information Request form (BCHS-CC-001)

(2)(d) Includes using an individual's accurate legal name, correct spelling, SSN, DOB, and accurately listing the role as defined by the department. See subrule (5) below

R 400.1925 (3)

(3) An individual may serve as a child care staff member pending an eligibility determination by the department, in accordance with section 5n(8) of the act, MCL 722.115n(8), and shall be supervised at all times by the licensee or a child care staff member who has been determined eligible.

Technical assistance:

While awaiting results of the comprehensive background check an individual may serve as a child care staff member if the individual is supervised **at all times** by an eligible staff member. Supervised at all times means the eligible staff member can see and hear the individual at all times. Example: if the eligible staff member needs to use the restroom another eligible staff member must step in to supervise the individual prior to them leaving the room.

R 400.1925 (4)

(4) For an individual who is determined ineligible by the department, a licensee shall immediately do all of the following:

- (a) Prohibit the individual from being on the premises of the child care home.**
- (b) Prohibit the individual from having any contact with children in care.**
- (c) Disconnect the individual from the child care background check system.**

R 400.1925 (5)

(5) An individual who requires a comprehensive background check pursuant to section 5n of the act, MCL 722.115n, shall submit to the department, on a form prescribed by the department, all personally identifiable information necessary to conduct the comprehensive background check, including all of the following:

- (a) Full legal name.**

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 5 of 9

R400.1925

- (b) All other names used in the past, including any maiden name or alias, the approximate date the other name was used, and the reason for the name change.
- (c) Suffix, if applicable.
- (d) Social Security number.
- (e) Date of birth.
- (f) Place of birth.
- (g) Country of citizenship.
- (h) Height.
- (i) Weight.
- (j) Hair color.
- (k) Eye color.
- (l) Sex.
- (m) Race.
- (n) Current address.
- (o) If the individual resided outside the state of Michigan during the last 5 years, then provide each of those addresses.
- (p) Driver's license identification number and state issuing the license or a state identification number and state issuing it, if available.
- (q) Phone number.
- (r) Email address, if available.
- (s) Any other information deemed reasonably necessary by the department to determine the eligibility of the individual based on a name-based registry match.

Technical Assistance

Contact child care licensing to get the Child Care Licensing Information Request form BCHS-CC001.

722.115n Application for or renewal of license to operate child care center, group child care home, or family child care home; household member or child care staff member; criminal history check; requirements; duties of department.

Sec. 5n.

1. Except as otherwise provided in subsection (13), when a person, partnership, firm, corporation, association, governmental organization, or nongovernmental organization applies for or applies to renew a license to operate a child care center, group child care home, or family child care home under section 5m and before a group child care home or family child care home allows an individual to be a member of the household, or a child care center, group child care home, or family child care home allows an individual to become a child care staff member, the department shall do all of the following:
 - a. Review its database of individuals with previous disciplinary action within a child care center, group child care home, or family child care home or an adult foster care facility.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 6 of 9

R400.1925

- b. Conduct a search of the individual through the national sex offender registry.
 - c. Request a search of the individual through all state criminal registries or repositories for any states of residence in the past 5 years.
 - d. Request that the department of state police perform a criminal history check on the individual, child care staff member, or adult member of the household.
2. If the individual, child care staff member, or adult member of the household has resided out of the United States within the preceding 5 years, equivalent clearances of those described in subsection (1)(b) and (d) and section 5q from each country must be provided, if available. If the country does not have the equivalent clearance, the individual must sign a self-certifying statement that he or she is not ineligible to receive a license, to be an adult member of the household, or to be a child care staff member as prescribed by sections 5q and 5r. An individual who provides or is determined to have provided false information or knowingly omits information in the self-certification statement is ineligible for that application.
3. Each individual listed in subsection (1) shall give written consent at the time of the license application and before a group child care home or family child care home allows an individual to be a member of the household, or before becoming a child care staff member to allow the department of state police to conduct the criminal history check required under subsection (1). The department shall require the individual to submit his or her fingerprints to the department of state police and the Federal Bureau of Investigation for the criminal history check as required in subsection (1).
4. The department shall request a criminal history check required under this section on a form and in the manner prescribed by the department of state police.
5. Within a reasonable time after receiving a complete request for a criminal history check on a person under this section, the department of state police shall conduct the criminal history check and provide a report of the results to the department. The report shall contain any criminal history record information on the person maintained by the department of state police and the Federal Bureau of Investigation.
6. The department of state police may charge the department a fee for a criminal history check required under this section that does not exceed the actual and reasonable cost of conducting the check. The department may pass along to the individual fingerprinted the actual cost or fee charged by the department of state police, the Federal Bureau of Investigation, or a vendor approved by the department of state police for performing a criminal history check required under this section.
7. The department shall provide whether the individual is eligible or ineligible as provided by sections 5q and 5r within 45 days after the date on which the request was submitted.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 7 of 9

R400.1925

8. The individual may serve as a child care staff member pending the results of the record and database checks required by this section and section 5q if the individual is supervised at all times.
9. Within 45 days after the date on which the request was submitted, the department shall provide a statement to the child care center, group child care home, or family child care home that indicates whether the individual is eligible or ineligible to be, a licensee, an adult member of the household, or a child care staff member as provided under sections 5q and 5r without revealing any disqualifying crime or other related information regarding the individual.
10. If the individual is ineligible due to the records or database checks required under this section and section 5q, the department shall provide information related to each disqualifying item in a report to the individual who has been determined ineligible.
11. An individual who has been determined to be ineligible as provided under sections 5q and 5r may request a redetermination by the department if he or she believes that the basis for the ineligible determination is inaccurate. The individual shall file the request for redetermination with the department within 30 calendar days after receiving the written notice that he or she was determined to be ineligible. If an individual has been determined to be ineligible based upon a conviction that has been expunged or set aside or a central registry case that has been expunged, the individual shall provide the supporting court, law enforcement, or department of health and human services, or equivalent department from another state, documents along with the request for redetermination. The individual shall not be determined to be ineligible based upon a conviction that has been set aside or expunged or a central registry case that has been expunged. The department shall review the request and issue a written decision within 30 business days after receiving the request for redetermination. The decision of the department is final.
12. Each ineligible individual shall be given instructions about how to complete the request for redetermination process as provided in subsection (11).
13. Except as otherwise provided in this subsection, not later than September 30, 2017, every child care center licensee, group child care home licensee, family child care home licensee, child care staff member, and adult member of the household shall submit his or her fingerprints to the department of state police and the Federal Bureau of Investigation in order to carry out the records and database checks required under this section and section 5q. If the department of education obtains an extension on the implementation of this program from the federal government, the provisions of this section may be implemented no later than September 30, 2018.
14. If a licensee, licensee designee, or program director of a child care center, group child care home, or family child care home applying for a new license or to renew a license to operate a child care center, group child care home, or family child care home has previously undergone a criminal history check required under subsections (1) and (13) and has remained continuously licensed after the criminal history check has been performed, that licensee, licensee designee, or program director of a child care center, group child care home, or family child care home is

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 8 of 9

R400.1925

not required to submit to another criminal history check upon renewal of, or application for, the license obtained under this act.

15. Upon consent of an applicant as required in subsection (3) and upon request from a child care center, group child care home, or family child care home, the department shall review the information received from the criminal history check, if any, and notify the requesting child care center, group child care home, or family child care home of the information in the manner prescribed in subsection (7). Until the Federal Bureau of Investigation implements an automatic notification system as outlined in section 5k, a child care center, group child care home, or family child care home may rely on the criminal history record information provided by the department under this subsection and a new request as provided under this section is not necessary if all of the following requirements are met:
 - a. The criminal history check was conducted during the immediately preceding 5-year period.
 - b. The applicant has been continuously employed by a child care center, group child care home, or family child care home since the criminal history check was conducted in compliance with this section.
 - c. The applicant can provide evidence acceptable to the department that he or she has been a resident of this state for the immediately preceding 5-year period.
16. The checks and clearances required in subsection (1)(a) to (c) and section 5q shall be updated at least every 5 years if the individual has been continuously licensed, has continuously been serving as a child care staff member, or has continuously been an adult member of the household.

722.115q Child care center, group child care home, or family child care home; contact with child by licensee, child care staff member, or household adult member prohibited; conditions.

Sec. 5q.

- 1) Except as provided in section 5n(8), a licensee, child care staff member, or adult member of the household may not have contact with a child who is in the care of a child care center, group child care home, or family child care home, until the department obtains documentation from the department of health and human services that he or she has not been named in a central registry case as the perpetrator of child abuse or child neglect. Upon request by the department, the licensee, child care staff member, or adult member of the household shall provide the department with an updated authorization for a central registry clearance. If a central registry clearance documents that a licensee, child care staff member, or adult member of the household is named in a central registry case as a perpetrator of child abuse or child neglect, he or she is ineligible to receive a license to operate a child care center, group child care home, or family child care home, be an adult member of the household, or be a child care staff member.
- 2) If the licensee, child care staff member, or adult member of the household has resided outside of this state as an adult within the 5 years immediately preceding the date of application for a license, or the date that he or she was hired as a child care staff

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 9 of 9

R400.1925

member or resided in a group child care home or family child care home, except as provided in section 5n(8), the individual may not have contact with a child who is in the care of a child care center, group child care home, or family child care home until the department obtains documentation equivalent to the department of health and human services central registry clearance for the states of previous residence that he or she has not been named in a central registry case as the perpetrator of child abuse or child neglect. If the documentation equivalent to the department of health and human services central registry clearance for the states of previous residence indicates that the individual is named as a perpetrator of child abuse or child neglect, the individual is ineligible to receive a license, be an adult member of the household, or be a child care staff member.

- 3) Each child care center, group child care home, or family child care home that has volunteers on site shall establish and maintain a policy regarding supervision of volunteers including volunteers who are parents of a child receiving care at the child care center, group child care home, or family child care home.
- 4) As used in this section, "child abuse" and "child neglect" mean those terms as defined in section 2 of the child protection law, 1975 PA 238, MCL 722.622.

An individual required to undergo a criminal history check as described in section 5n is ineligible to receive a license, be an adult member of the household, or be a child care staff member if the individual has been convicted of 1 or more of the following misdemeanors, an attempt or conspiracy to commit any of those misdemeanors, or any other state or federal equivalent, unless 5 years have lapsed since the conviction before the date of application or before the date a group child care home or family child care home allows an individual to be an adult member of the household or a child care center, group child care home, or family child care home allows an individual to be a child care staff member:

- (a) A misdemeanor involving operating under the presence of a controlled substance, use or possession of a controlled substance, and selling or furnishing a controlled substance to a minor.
- (b) A misdemeanor involving using computers to commit a crime, a substantial misrepresentation of a material fact, embezzlement, breaking and entering, and any other fraudulent crime except retail fraud in the third degree, petty theft, or shoplifting.
- (c) A misdemeanor involving stalking, assault, spousal abuse, domestic violence, weapons offense, harboring runaways, aiding and abetting, and arson.

R 400.1925 (6)

- (6) The department shall maintain the confidentiality of all personally identifiable information submitted pursuant to this rule to the extent permitted by law.**

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 1 of 5

R400.1926

R 400.1926 (1) – (2) Conducive to the welfare of children.

(1) In carrying-out its duties under section 5m of the act, MCL 722.115m, to determine whether or not a service, facility, applicant, licensee, child care staff member, child care assistant, or member of the household is conducive to the welfare of preschool or school-age children, the department shall deem any of the following behaviors as not conducive to the welfare of children: possession or use of alcohol, tobacco products, marihuana and, except as provided in subrule (2) of this rule, any controlled substance in a child-use area, or on the premises of a child care home while children are in care.

R 400.1926 (2)

(2) The exception to subrule (1) of this rule is the possession or use of a controlled substance outside of child-use space that is prescribed to the individual, and which does not impair the individual's ability to supervise, care, and protect children, and the medication is stored in a secure manner that is not accessible to children.

Rationale

Ensures:

- The safety and welfare of children.
- That the licensee exhibits responsible behavior and have the ability to respond appropriately to children's needs.

Technical Assistance

To be in compliance with (1):

722.115m(13)(b) "Conducive to the welfare of the children" means:

- (i) The service and facility comply with this act and the administrative rules promulgated under this act.
- (ii) The disposition, temperament, condition, and action of the applicant, licensee, licensee designee, program director, child care staff member, and member of the household promote the safety and well-being of the children served.

Conducive to the welfare of children also includes the licensee:

- Is truthful to the department and the public.
- Is capable of making appropriate judgements.
- Is knowledgeable of the developmental needs of children of varying ages.
- Conducts self in a way so that rule requirements are met.

722.115m(3)

To assess whether the service, facility, applicant, licensee, child care staff member, or member of the household is conducive to the welfare of the children, the department may utilize available information, including, but not limited to, any of the following:

- a) Investigative report, such as a law enforcement report and a children's protective services report.
- b) Medical report.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 2 of 5

R400.1926

- c) Public record.
- d) Child care center, group child care home, or family child care home record.
- e) Inspection of the child care center, group child care home, or family child care home.

MCL 722.120

- (1) The department may investigate, inspect, and examine conditions of a child care organization and may investigate and examine the books and records of the licensee. The licensee shall cooperate with the department's investigation, inspection, and examination by doing all of the following:
 - (a) Admitting members of the department into the child care organization and furnishing all reasonable facilities for thorough examination of its books, records, and reports.
 - (b) Allowing the department to perform routine investigative functions during the course of an investigation, inspection, or examination. Routine investigative functions include, but are not limited to, interviewing potential witnesses, such as staff and household members, and taking photographs to assess and document the conditions of the child care organization and its compliance with this act and the rules promulgated under this act.
 - (c) Providing accurate and truthful information to the department, and encouraging witnesses, such as staff and household members, to provide accurate and truthful information to the department.

To view the entire Child Care Organizations Act including exclusionary offenses click this link: [Act 116 of 1973](#)

722.115n

- (1) Except as otherwise provided in subsection (13), when a person, partnership, firm, corporation, association, governmental organization, or nongovernmental organization applies for or applies to renew a license to operate a child care center, group child care home, or family child care home under section 5m and before a group child care home or family child care home allows an individual to be a member of the household, or a child care center, group child care home, or family child care home allows an individual to become a child care staff member, the department shall do all of the following:
 - (a) Review its database of individuals with previous disciplinary action within a child care center, group child care home, or family child care home or an adult foster care facility.
 - (b) Conduct a search of the individual through the national sex offender registry.
 - (c) Request a search of the individual through all state criminal registries or repositories for any states of residence in the past 5 years.
 - (d) Request that the department of state police perform a criminal history check on the individual, child care staff member, or adult member of the household.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 3 of 5

R400.1926

- (2) If the individual, child care staff member, or adult member of the household has resided out of the United States within the preceding 5 years, equivalent clearances of those described in subsection (1)(b) and (d) and section 5q from each country must be provided, if available. If the country does not have the equivalent clearance, the individual must sign a self-certifying statement that he or she is not ineligible to receive a license, to be an adult member of the household, or to be a child care staff member as prescribed by sections 5q and 5r. An individual who provides or is determined to have provided false information or knowingly omits information in the self-certification statement is ineligible for that application.
- (3) Each individual listed in subsection (1) shall give written consent at the time of the license application and before a group child care home or family child care home allows an individual to be a member of the household, or before becoming a child care staff member to allow the department of state police to conduct the criminal history check required under subsection (1). The department shall require the individual to submit his or her fingerprints to the department of state police and the Federal Bureau of Investigation for the criminal history check as required in subsection (1).
- (4) The department shall request a criminal history check required under this section on a form and in the manner prescribed by the department of state police.
- (5) Within a reasonable time after receiving a complete request for a criminal history check on a person under this section, the department of state police shall conduct the criminal history check and provide a report of the results to the department. The report shall contain any criminal history record information on the person maintained by the department of state police and the Federal Bureau of Investigation.
- (6) The department of state police may charge the department a fee for a criminal history check required under this section that does not exceed the actual and reasonable cost of conducting the check. The department may pass along to the individual fingerprinted the actual cost or fee charged by the department of state police, the Federal Bureau of Investigation, or a vendor approved by the department of state police for performing a criminal history check required under this section.
- (7) The department shall provide whether the individual is eligible or ineligible as provided by sections 5q and 5r within 45 days after the date on which the request was submitted.
- (8) The individual may serve as a child care staff member pending the results of the record and database checks required by this section and section 5q if the individual is supervised at all times.
- (9) Within 45 days after the date on which the request was submitted, the department shall provide a statement to the child care center, group child care home, or family child care home that indicates whether the individual is eligible or ineligible to be, a licensee, an adult member of the household, or a child care staff member as provided under sections 5q and 5r without revealing any disqualifying crime or other related information regarding the individual.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 4 of 5

R400.1926

- (10) If the individual is ineligible due to the records or database checks required under this section and section 5q, the department shall provide information related to each disqualifying item in a report to the individual who has been determined ineligible.
- (11) An individual who has been determined to be ineligible as provided under sections 5q and 5r may request a redetermination by the department if he or she believes that the basis for the ineligible determination is inaccurate. The individual shall file the request for redetermination with the department within 30 calendar days after receiving the written notice that he or she was determined to be ineligible. If an individual has been determined to be ineligible based upon a conviction that has been expunged or set aside or a central registry case that has been expunged, the individual shall provide the supporting court, law enforcement, or department of health and human services, or equivalent department from another state, documents along with the request for redetermination. The individual shall not be determined to be ineligible based upon a conviction that has been set aside or expunged or a central registry case that has been expunged. The department shall review the request and issue a written decision within 30 business days after receiving the request for redetermination. The decision of the department is final.
- (12) Each ineligible individual shall be given instructions about how to complete the request for redetermination process as provided in subsection (11).
- (13) Except as otherwise provided in this subsection, not later than September 30, 2017, every child care center licensee, group child care home licensee, family child care home licensee, child care staff member, and adult member of the household shall submit his or her fingerprints to the department of state police and the Federal Bureau of Investigation in order to carry out the records and database checks required under this section and section 5q. If the department of education obtains an extension on the implementation of this program from the federal government, the provisions of this section may be implemented no later than September 30, 2018.
- (14) If a licensee, licensee designee, or program director of a child care center, group child care home, or family child care home applying for a new license or to renew a license to operate a child care center, group child care home, or family child care home has previously undergone a criminal history check required under subsections (1) and (13) and has remained continuously licensed after the criminal history check has been performed, that licensee, licensee designee, or program director of a child care center, group child care home, or family child care home is not required to submit to another criminal history check upon renewal of, or application for, the license obtained under this act.
- (15) Upon consent of an applicant as required in subsection (3) and upon request from a child care center, group child care home, or family child care home, the department shall review the information received from the criminal history check, if any, and notify the requesting child care center, group child care home, or family child care home of the information in the manner prescribed in subsection (7). Until the Federal Bureau of Investigation implements an automatic notification system as outlined in section 5k, a child care center, group child care home, or family child

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 5 of 5

R400.1926

care home may rely on the criminal history record information provided by the department under this subsection and a new request as provided under this section is not necessary if all of the following requirements are met:

- (a) The criminal history check was conducted during the immediately preceding 5-year period.
 - (b) The applicant has been continuously employed by a child care center, group child care home, or family child care home since the criminal history check was conducted in compliance with this section.
 - (c) The applicant can provide evidence acceptable to the department that he or she has been a resident of this state for the immediately preceding 5-year period.
- (16) The checks and clearances required in subsection (1)(a) to (c) and section 5q shall be updated at least every 5 years if the individual has been continuously licensed, has continuously been serving as a child care staff member, or has continuously been an adult member of the household.

NOTE: if a person is found ineligible, he/she cannot be connected to the home per Rule 400.1925(4)

The department continually monitors the licensee and/or licensee designee for any criminal activity or placement on central registry as a perpetrator of child abuse or neglect. The department must initiate steps to revoke or refuse to renew the license if a central registry clearance reveals that an active licensee is listed on central registry or if a criminal history clearance reveals a conviction for the exclusionary offenses. A list of exclusionary offences can be found below and at <https://miltcpartnership.org/childcareportal/home/formsandresources>

Note: If the licensee has his/her name expunged from the central registry, he/she may hold a license. An expungement is requested by the individual named on central registry to the Department of Health and Human Services office that placed the person on central registry.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 1 of 16

R400.1931

R 400.1931 Food preparation and service.

(1) A licensee shall ensure that all of the following requirements are met:

- (a) Each child shall be provided with nutritional and sufficient food pursuant to the minimum meal requirements of the child care food program, as administered by the Michigan department of education. These minimum meal requirements are based on the dietary guidelines for Americans made by the National Academy of Medicine, which are available at <https://www.fns.usda.gov/cacfp/meals-and-snacks>. This subrule does not apply to children whose parents provide their food.

Rationale

The child care food program regulations, policies and guidance materials on meal requirements provide the basic guidelines for good nutrition and sanitation practices.

The guidelines for meals and snack patterns ensure that the nutritional needs of infants and children are met based on current scientific knowledge.

Technical Assistance

The Child and Adult Care Food Program (CACFP) outlines the nutrition needs of children at <https://www.fns.usda.gov/cacfp>

Infant Meal Pattern Food Components:		Age Group and Serving Size:	
		Birth – 5 months:	6 – 11 months:
Breakfast and Lunch/Supper	Breastmilk ¹ or formula ²	4-6 fl. oz.	6-8 fl. oz.
	<i>*And one or more of the following:</i>		
	Infant cereal ^{2,3,5} , meat, fish, poultry, whole egg, cooked dry beans/peas		*0-4 Tbsp.
	Cheese		*0-2 oz.
	Cottage cheese		*0-4 oz. (volume)
	Yogurt ⁴		*0-8 oz. (1 cup)
	<i>*And:</i>		
	Vegetable or fruit, or a combination of both ⁷		*0-2 Tbsp.
Snack	Breastmilk ¹ or formula ²	4-6 fl. oz.	2-4 fl. oz.
	<i>*And one or more of the following:</i>		
	Bread ^{3,5}		*0-1/2 slice
	Crackers ^{3,5}		*0-2
	Infant cereal ^{2,3,5} or ready-to-eat cereal ^{3,5,6}		*0-4 Tbsp.
	<i>*And:</i>		
	Vegetable or fruit, or a combination of both ⁷		*0-2 Tbsp.
*NOTE: A SERVING OF THIS COMPONENT(S) IS REQUIRED WHEN THE INFANT IS DEVELOPMENTALLY READY TO ACCEPT IT.			

¹ Breastmilk or formula, or portions of both, must be served; however, it is recommended that

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 2 of 16

R400.1931

breastmilk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more.

² Infant formula and dry infant cereal must be iron-fortified.

³ Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.

⁴ Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

⁵ A serving of this component is required when the infant is developmentally ready to accept it.

⁶ Fruit and vegetable juices must not be served.

CHILD MEAL PATTERN

Breakfast (Select all three components for a reimbursable meal)				
Food Components and Food Items ¹	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 ² (at-risk afterschool programs and emergency shelters)
Fluid Milk ³	4 fluid ounces	6 fluid ounces	8 fluid ounces	8 fluid ounces
Vegetables, fruits, or portions of both ⁴	¼ cup	¼ cup	¼ cup	¼ cup
Grains (oz eq) ^{5,6,7}				
Whole grain-rich or enriched bread	½ slice	½ slice	1 slice	1 slice
Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	½ serving	½ serving	1 serving	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal ⁸ , cereal grain, and/or pasta	¼ cup	¼ cup	½ cup	½ cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold) ^{8,9}				
Flakes or rounds	½ cup	½ cup	1 cup	1 cup
Puffed cereal	¾ cup	¾ cup	1 ¼ cup	1 ¼ cup
Granola	⅓ cup	⅓ cup	¼ cup	¼ cup

¹ Must serve all three components for a reimbursable meal. Offer versus serve is an option for at-risk afterschool participants.

² Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.

³ Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children six years old and older.

⁴ Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

⁵ At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards meeting the grains requirement.

⁶ Meat and meat alternates may be used to meet the entire grains requirement a maximum of three times a week. One ounce of meat and meat alternates is equal to one ounce equivalent of grains.

⁷ Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.

⁸ Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES

Page 3 of 16

R400.1931

⁹ Beginning October 1, 2019, the minimum serving size specified in this section for ready-to-eat breakfast cereals must be served. Until October 1, 2019, the minimum serving size for any type of ready-to-eat breakfast cereals is ¼ cup for children ages 1-2; 1/3 cup for children ages 3-5; and ¾ cup for children ages 6-12.

Lunch and Supper (Select all five components for a reimbursable meal)				
Food Components and Food Items ¹	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 ² (at-risk afterschool programs and emergency shelters)
Fluid Milk ³	4 fluid ounces	6 fluid ounces	8 fluid ounces	8 fluid ounces
Meat/meat alternates				
Lean meat, poultry, or fish	1 ounce	1 ½ ounce	2 ounces	2 ounces
Tofu, soy product, or alternate protein products ⁴	1 ounce	1 ½ ounce	2 ounces	2 ounces
Cheese	1 ounce	1 ½ ounce	2 ounces	2 ounces
Large egg	½	¾	1	1
Cooked dry beans or peas	¼ cup	⅓ cup	½ cup	½ cup
Peanut butter or soy nut butter or other nut or seed butters	2 tbsp	3 tbsp	4 tbsp	4 tbsp
Yogurt, plain or flavored unsweetened or sweetened ⁵	4 ounces or ½ cup	6 ounces or ¾ cup	8 ounces or 1 cup	8 ounces or 1 cup
The following may be used to meet no more than 50% of the requirement: Peanuts, soy nuts, tree nuts, or seeds, as listed in program guidance, or an equivalent quantity of any combination of the above meat/meat alternates (1 ounces of nuts/seeds = 1 ounce of cooked lean meat, poultry, or fish)	½ ounce = 50%	¾ ounce = 50%	1 ounce = 50%	1 ounce = 50%
Vegetables ⁶	⅓ cup	¼ cup	½ cup	½ cup
Fruits ^{6,7}	⅓ cup	¼ cup	½ cup	½ cup
Grains (oz eq) ^{8,9}				
Whole grain-rich or enriched bread	½ slice	½ slice	1 slice	1 slice
Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	½ serving	½ serving	1 serving	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal ¹⁰ , cereal grain, and/or pasta	¼ cup	¼ cup	½ cup	½ cup

¹ Must serve all five components for a reimbursable meal. Offer versus serve is an option for at-risk afterschool participants.

² Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.

³ Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children six years old and older.

⁴ Alternate protein products must meet the requirements in Appendix A to Part 226.

R 400.1931 Food preparation and service

07/2020

STATE OF MICHIGAN

Department of Licensing and Regulatory Affairs

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 4 of 16

R400.1931

5 Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

6 Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

7 A vegetable may be used to meet the entire fruit requirement. When two vegetables are served at lunch or supper, two different kinds of vegetables must be served.

8 At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards the grains requirement.

9 Beginning October 1, 2019, ounce equivalents are used to determine the quantity of the creditable grain.

10 Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

CHILD MEAL PATTERN

Snack (Select two of the five components for a reimbursable snack)				
Food Components and Food Items¹	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18² (at-risk afterschool programs and emergency shelters)
Fluid Milk³	4 fluid ounces	4 fluid ounces	8 fluid ounces	8 fluid ounces
Meat/meat alternates				
Lean meat, poultry, or fish	½ ounce	½ ounce	1 ounce	1 ounce
Tofu, soy product, or alternate protein products ⁴	½ ounce	½ ounce	1 ounce	1 ounce
Cheese	½ ounce	½ ounce	1 ounce	1 ounce
Large egg	½	½	½	½
Cooked dry beans or peas	⅓ cup	⅓ cup	¼ cup	¼ cup
Peanut butter or soy nut butter or other nut or seed butters	1 tbsp	1 tbsp	2 tbsp	2 tbsp
Yogurt, plain or flavored unsweetened or sweetened ⁵	2 ounces or ¼ cup	2 ounces or ¼ cup	4 ounces or ½ cup	4 ounces or ½ cup
Peanuts, soy nuts, tree nuts, or seeds	½ ounce	½ ounce	1 ounce	1 ounce
Vegetables⁶	½ cup	½ cup	¾ cup	¾ cup
Fruits⁶	½ cup	½ cup	¾ cup	¾ cup
Grains (oz eq)^{7,8}				
Whole grain-rich or enriched bread	½ slice	½ slice	1 slice	1 slice
Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	½ serving	½ serving	1 serving	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal ⁹ , cereal grain, and/or pasta	¾ cup	¾ cup	½ cup	½ cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold) ^{9,10}				
Flakes or rounds	½ cup	½ cup	1 cup	1 cup
Puffed cereal	¾ cup	¾ cup	1 ¾ cup	1 ¾ cup
Granola	½ cup	½ cup	¾ cup	¾ cup

1 Select two of the five components for a reimbursable snack. Only one of the two components may be a beverage.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 5 of 16

R400.1931

- 2 Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.
- 3 Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children six years old and older.
- 4 Alternate protein products must meet the requirements in Appendix A to Part 226.
- 5 Yogurt must contain no more than 23 grams of total sugars per 6 ounces.
- 6 Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.
- 7 At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards meeting the grains requirement.
- 8 Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.
- 9 Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).
- 10 Beginning October 1, 2019, the minimum serving sizes specified in this section for ready-to-eat breakfast cereals must be served. Until October 1, 2019, the minimum serving size for any type of ready-to-eat breakfast cereals is ¼ cup for children ages 1-2; 1/3 cup for children ages 3-5; and ¾ cup for children ages 6-12.

The CACFP requires children age one be served unflavored whole milk. Children aged two through five years old be served unflavored low-fat (1 percent) or unflavored fat-free (skim) milk. Children aged six years old and older be served unflavored low-fat (1 percent) unflavored fat-free (skim), or flavored fat-free (skim) milk.

Exception: You are exempt from the milk requirements of this rule if the child's parent provides their child's milk.

Note: If you participate in the CACFP and a child's parent provides their child's milk, you should check with your food program sponsor regarding whether you can claim reimbursement for that child's meals.

Consultation

The following best practices are recommended:

- Children age one year must be served unflavored whole homogenized vitamin D-fortified cow's milk.
- Children age two through five years must be served unflavored low-fat (1 percent) milk.
- Children age six years and older must be served unflavored fat-free (skim) milk or flavored fat-free (skim) milk.
- Parents who supply the food should be encouraged to provide nutritious food for their children.
- Additional information about dietary guidelines can be obtained from The Child and Adult Care Food Program (CACFP)
- <https://www.fns.usda.gov/cacfp/family-day-care-homes>
- Check with parents regarding food allergies children may have.
- Meals and snacks should be provided to children based on:
 - Individual needs of children.
 - Ages of the children.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 6 of 16

R400.1931

- American Academy of Pediatrics (AAP) recommended length of time between meals and snacks.

Resources:

- *Healthy Kids, Healthy Care: Meals and Snacks* at www.healthykids.us/chapters/meals_pf.htm
- AAP Caring for Our Children: National Health and Safety Performance Standards at <http://nrckids.org/CFOC/index.html>.
- Snacks That Count (BCAL-Pub 242) is available on the department's website (www.michigan.gov/michildcare).
- The USDA ChooseMyPlate can be found at <https://www.choosemyplate.gov/>.
 - The Child and Adult Care Food Program (CACFP) is a federal program that provides reimbursements for nutritious meals and snacks to eligible children and adults who are enrolled for care at participating child care centers, day care homes, and adult day care centers.
- Additional information regarding the CACFP can be found at <https://www.fns.usda.gov/cacfp>

-
- (1) **A licensee shall ensure that all of the following requirements are met:**
(b) **Children shall be offered food at intervals as individually appropriate, but not to exceed more than 4 hours unless the child is asleep.**

Rationale

Young children need to be fed often.

Consultation

The following best practices are recommended by the American Academy of Pediatrics for meal time intervals:

- Children in care for 8 hours or less should be offered at least one meal and two snacks or two meals and one snack.
- Children in care for more than 8 hours should be offered at least two meals and two snacks or three snacks and one meal.

Small feedings of nourishing food should be scheduled over the course of the day to ensure that the child's daily nutritional needs are met.

Resources:

- *Healthy Kids, Healthy Care: Meals and Snacks* at www.healthykids.us/chapters/meals_pf.htm
- AAP Caring for Our Children: National Health and Safety Performance Standards at <http://nrckids.org/CFOC/index.html>.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 7 of 16

R400.1931

Child and Adult Care Food Program Family Child Care Home Sponsors

Association for Child Development PO Box 1491 East Lansing, MI 48826 517-332-7200 800-234-3287 www.acdkids.org	Counties: All
Camp Fire West Michigan 4C 233 E. Fulton Grand Rapids, MI 49503-3262 616-451-8281 800-448-6995 https://www.campfirewestmi.org/about-the-food-program-cacfp	Counties: Allegan, Barry, Calhoun, Clare, Clinton, Eaton, Gratiot, Ingham, Ionia, Isabella, Jackson, Kalamazoo, Kent, Lake, Mason, Mecosta, Missaukee, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa, Shiawassee, VanBuren, and Wexford
Mid-Michigan Child Care Centers, Inc. 7375 Midland Road, Suite A, PO Box 610 Freeland, MI 48623 989-695-2683 800-742-3663 www.midmichigancc.com	Counties: All

- (1) **A licensee shall ensure that all of the following requirements are met:**
(c) Drinking water must be available at all times.

Rationale

Drinking water is

- Good for hydration.
- Reduces the acid in the mouth.
- Reduces the intake of extra calories (from fruit juices, soda, etc.).
- Reduces obesity.
- Reduces tooth decay.

Consultation

Children under 12 months of age:

- Can be given too much water and suffer from water intoxication or over-hydration.
- Have different body compositions than adults so they are more vulnerable to water imbalance, especially in hot weather.

Some symptoms of water intoxication include:

- Pale-colored urine.
- More than six to eight wet diapers per day.
- Seizures that may include facial movement, lip smacking and arrhythmic jerking of a body part.

Ways to prevent water intoxication include the following:

- Do not dilute formula unless directed to do so by the child's physician.
- Diluting reduces the amount of nutrients the child receives.
- Infants under 6 months should not receive more than six to eight ounces of water, juice, Jell-O water or electrolyte replacement solutions in addition to their daily formula/breast milk intake a day.
- Infants ages 6 months to one year should not receive more than eight to twelve ounces of fluids, in addition to their daily formula/breast milk intake a day, unless ordered by the child's physician.
- Be aware of special circumstances when the child needs more fluids than usual (such as, in extremely hot weather or if the child has diarrhea or is vomiting).
- Know that other foods and fluids contain a lot of water, such as infant formula and baby food, which contains 85-90% water.

Children over a year old need to have water readily available to prevent dehydration as:

- Dehydration is the loss of water and salts from the body.
- Severe dehydration can cause death.

Some signs of early or mild dehydration include:

- Flushed face.
- Extreme thirst or unable to drink.
- Dry, warm skin.
- Unable to pass urine or reduced amounts that are dark yellow.
- Dizziness made worse when standing.
- Weak, sleepy or irritable.
- Cramping in the arms and legs.
- Crying with few or no tears.
- Headaches.
- Dry mouth, dry tongue and thick saliva.

R 400.1931 (2)

(2) A licensee shall ensure that food is prepared, served, and stored in a safe and sanitary manner by meeting all of the following requirements:

- (a) Food served to children individually or family style must be discarded at the end of the meal if not eaten.**
- (b) Prepared food that has not been served to individuals or placed in family-style containers must be properly cooled, if applicable, then promptly covered and stored appropriately.**

Rationale

Ensures that food is not contaminated prior to, during or after meals are prepared and served.

Technical Assistance

Personnel are responsible and accountable for ensuring that:

- Food is prepared and served on clean, sanitized surfaces.
- Food items that require refrigeration are properly refrigerated or kept in thermal containers capable of keeping the food cold.
- Commercially packaged baby food that has been served from the jar is discarded after the feeding.
- Food other than canned goods are stored off the floor.
- All foods, including sack lunches, are protected from potential contamination at all times. Foods must not be stored near toxic or poisonous materials, or under exposed or unprotected sewer lines.

Note: Due to mineral deposits and other contaminants that may be present in hot water heaters and the potential of leaching of heavy metals from water pipes, begin with cold water when cooking and for food/ bottle preparation. This will minimize the potential for contamination.

Consultation

Health departments recommend that the temperature inside a refrigerator be kept at 41 degrees F.

R 400.1931 (2)(c)

(2) A licensee shall ensure that food is prepared, served, and stored in a safe and sanitary manner by meeting all of the following requirements:

- (c) Children under 3 years of age shall not be served or allowed to eat foods that could easily cause choking including, but not limited to, popcorn and uncut round foods such as grapes, seeds, nuts, hard candy, and hot dogs.**

Rationale

Infants and toddlers often swallow pieces of food without chewing them. Ninety percent of fatal chokings occur in children younger than four years of age.

Technical Assistance

Examples of food choking hazards include, but are not limited to:

- Hot dogs - whole or sliced into rounds.
- Uncooked carrots - whole or sliced into rounds.
- Uncut round foods such as grapes.
- Uncooked peas.
- Hard pretzels.
- Seeds.
- Chips.
- Nuts.
- Marshmallows.
- Spoonfuls of peanut butter.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 10 of 16

R400.1931

- Large chunks of meat.
- Cheese cubes.
- Hard candy.

Children must be supervised while eating to monitor the size of the food and that they are eating appropriately (for example, not stuffing their mouths full).

Consultation

The presence of molars is a good indication of a child's ability to chew hard foods that are likely to cause choking. For infants (birth to 11 months), foods typically progress from pureed to ground to finely mashed to finely chopped, as the infant develops. Chopped food should be cut into small pieces no larger than 1/4-inch cubes or thin slices.

For toddlers, foods should be cut up in small pieces no larger than 1/2- inch cubes.

All children should be seated while eating to avoid choking on food.

R 400.1931 (3)

- (3) If a parent has agreed to provide the food, then the licensee shall have a written agreement with the parent and shall be responsible for providing adequate food if the parent does not.**

Rationale

The licensee has a responsibility to follow feeding practices that promote optimum nutrition which supports the growth and development of all children.

Technical Assistance

The licensee must have food available if the parent agreed to provide the food but does not do so.

The Child in Care Statement/Receipt (BCAL-3900) documents this written agreement. The Child in Care Statement must be completed in its entirety to be compliant with this rule. The Child in Care Statement/Receipt (BCAL-3900) can be found in the [forms](#) section of our [website](#).

Consultation

Best practice is for the licensee to discuss proper nutrition with parents when necessary.

R 400.1931 (4)

- (4) Food brought by parents must be labeled with the child's first and last name and, if perishable, be refrigerated., and be fed only to the child for whom the item is labeled.**

Rationale

Ensures children receive the food that was intended for them.

R 400.1931 (5)

(5) A licensee shall inform parents if home canned foods are served.

Rationale

Parents have a right to know and make a decision about the food their children eat.

Consultation

Home canned foods should be canned in accordance with the guidelines from the United States Department of Agriculture (USDA). The USDA Complete Guide to Home Canning at <https://nifa.usda.gov/press-release/usdas-complete-guide-home-canning-available>. Additional information on home canning can also be found on the website for the National Center for Home Food Preservation at <https://nchfp.uga.edu/>.

R 400.1931 (6)

(6) Unpasteurized products must not be used.

Rationale

A small dose of infectious or toxic material can lead to serious illness.

Technical Assistance

Pasteurization means the partial or complete sterilization of liquids to destroy disease producing micro-organisms limiting fermentation.

Examples of unpasteurized products include raw unpasteurized milk products, unpasteurized apple cider, unpasteurized fruit juices and raw or under cooked eggs.

Freshly squeezed fruit or vegetable juices prepared in the child care facility just prior to serving are permissible.

R 400.1931 (7)

(7) Children shall be encouraged to taste new foods, but shall not be required to eat anything they do not want.

Rationale

To broaden children's experiences with food.

Technical Assistance

"Encouraged" means offered to the child but not forced to taste or eat.

Consultation

Best practice is to sit with the children during meal time to promote positive interactions and model proper table manners.

R 400.1931 (8)

(8) Bottles used for feeding must be labeled with the child's first and last name and date, refrigerated, and served only to the child on the label.

Rationale

The identification of bottles ensures children receive bottles that were intended for them and prevents the chance of cross contamination.

The dating of bottles allows for the monitoring of spoilage.

Technical Assistance

Bottles prepared and brought from home and/or prepared at the child care home must be labeled and dated regardless of the number of children using bottles.

Consultation

The following best practices are recommended:

- Already mixed bottles of formula from powder and concentrate or opened ready-to-feed formula should be discarded after 48 hours if not used, according to the American Academy of Pediatrics.
- Never excessively shake formula. Excessive shaking may cause foaming that increases the likelihood of feeding air to the infant.

Unused breast milk should be discarded:

- After four days if it was never frozen and is refrigerated.
- After 24 hours if thawed in the refrigerator or under cold running water.
- After two weeks if frozen.

Breast milk may be supplied in a multi-day supply in a clean, sanitized container kept in the refrigerator for up to 4 days or kept in the freezer for no more than 2 weeks.

See *Healthy Kids, Healthy Care: Meals and Snacks* at www.healthykids.us/chapters/meals_pf.htm and the AAP Caring for Our Children: National Health and Safety Performance Standards at <http://nrckids.org/CFOC/index.html>.

R 400.1931 (9) – (11)

(9) Warming bottles and beverage containers in a microwave oven or a slow cooker is prohibited.

(10) Bottle warmers must be placed where children cannot access them or reach the cords for the warmers.

(11) Bottle warmers must be shut off when not in use.

Rationale

Warming bottles and beverage containers at room temperature or in warm water for an extended period of time is conducive for bacteria growth. Warming bottles and beverage containers in the microwave may cause hot spots in the beverage that can scald the throat or mouth.

Heating method protects against burns and scalding young children.

Technical Assistance

Bottles and beverage containers of milk or formula may be fed cold. If warmed, the bottle or beverage container must be warmed using one of the following methods:

- Under running warm tap water.
- By placing the bottle or beverage container in a container of water or pan on the stove in the kitchen that is no warmer than 120 degrees.
- In a bottle warmer made specifically for this purpose.

If a bottle warmer is used, it should be secured to prevent tipping and care should be taken so infants are not injured by the dangling cord or by hot water dripping off the bottle or beverage container onto the infant. It is recommended that slack from cords be removed by tying it off with a twist or zip tie. A bottle warming device should be emptied, sanitized and filled with fresh water daily.

Consultation

Gently swirl breast milk to mix before checking temperature and offering it to the child.

Breast milk should not be shaken.

Excessive shaking of formula may cause foaming that increases the likelihood of feeding air to the infant/child.

R 400.1931 (12)

(12)The contents of a bottle that has been used for feeding for a period that exceeds 1 hour from the beginning of the feeding, or has been unrefrigerated for 1 hour or more must be discarded.

Rationale

Bottles of formula or milk that have been unrefrigerated for one hour or more provide an ideal medium for bacteria to grow. Bacteria from saliva make formula or milk consumed over a period of more than an hour unsuitable and unsafe for consumption.

Technical Assistance

Refer to subrule (8) of this rule for requirements on the handling and storing of formula and breast milk.

Consultation

Licensees may consider filling bottles with smaller amounts of formula or using smaller bottles if infants regularly do not consume an entire bottle during a feeding period.

R 400.1931 (13)

(13)Children shall not have beverage or food containers when they are in bed or when they are walking around or playing.

Rationale

Promotes safety and good oral health for children as:

- Children who walk around with beverage containers have an increased risk for injury.
- A glass container is a safety hazard if the container is dropped and breaks.

Technical Assistance

A beverage container is any container that holds liquid including, but not limited to, bottles, sippy cups, juice boxes, and glasses.

Note: Consultants will cite a violation with R 400.1911(1), appropriate care and supervision, if they observe a child sipping from another child's beverage container.

Consultation

Best practice is to hold infants for bottle feeding except when infants resist being held and are able to hold their own bottles.

R 400.1931 (14)

(14)The propping of bottles is prohibited.

Rationale

Ensures for the safety and well-being of children.

Bottle propping can cause choking and aspiration and may contribute to long-term health issues, including ear infections, orthodontic problems, speech disorders, and psychological problems.

Technical Assistance

Bottles must not be allowed in the crib or bed, whether propped or held by the child.

Consultation

Best practice is to hold infants for bottle feeding except when infants resist being held and are able to hold their own bottles.

R 400.1931 (15)

(15) Breastfeeding must be supported by making reasonable accommodations for a mother who chooses to breastfeed her child at the child care home.

Rationale

Human milk, containing all the nutrients to promote optimal growth, is the most developmentally appropriate food for infants. It changes during the course of each feeding and over time to meet the growing child's changing nutritional needs.

Technical Assistance

Some ways to help a mother breastfeed successfully at the child care home are:

- If she wishes to breastfeed her infant at the child care home, offer or provide her a:
 - Quiet, comfortable, and private place to breastfeed (this helps with her milk letdown).
 - Place to wash her hands.
 - Pillow to support her infant on her lap while breastfeeding, if requested.
 - Nursing stool or stepstool for her feet, if requested (this reduces back strain).
 - Glass of water or other liquid (this helps her stay hydrated).
- If she wishes to pump her breast milk at the child care, provide a:
 - Private area with an outlet. This area should not be in the bathroom.
 - Place to wash her hands

Consultation

Breastfeeding mothers are often daunted by the prospect of continuing to breastfeed as they return to work. A home provider can reduce a breastfeeding mother's anxiety by welcoming breastfeeding families and allowing the mother to come to the home during the hours of operation to breastfeed her child.

The American Academy of Pediatrics, the American Academy of Family Physicians, the World Health Organization, and many other groups recommend that women breastfeed exclusively for about the first six months of the infant's life, adding age-appropriate solid foods and continuing breastfeeding for at least the first year, if not longer.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 16 of 16

R400.1931

Human milk, containing all the nutrients to promote optimal growth, is the most developmentally appropriate food for infants. It changes during the course of each feeding and over time to meet the growing child's changing nutritional needs.

In addition to nutrition, breastfeeding supports optimal health and development. Breastfeeding protects infants from many acute and chronic diseases. Research shows that exclusive breastfeeding for six months, and continued breastfeeding for at least a year, dramatically improves health outcomes for children and their mothers. Breastfeeding also reduces some of the risks that are greater for infants in group care. Evidence suggests that breastfeeding is associated with enhanced cognitive development and may reduce the risk of childhood obesity.

R 400.1932 Home maintenance and safety.

(1) The structure, premises, and furnishings of a child care home must be in good repair and maintained in a clean, safe, and comfortable condition.

Rationale

Ensures that children are in a safe environment and less likely to be injured.

Technical Assistance

This rule applies to the entire home, not just the space used for child care. The licensee is responsible and accountable for maintaining the home and its overall cleanliness and ensuring that:

INSIDE THE HOME includes but is not limited to:

- Rooms are free from foul odors.
- Floors and carpets are safe and clean for walking, crawling, and playing.
- Floors and carpets where children play are immediately cleaned when contaminated with saliva, vomit, feces, urine, nasal discharge or other bodily discharges.
- Rooms are free of unnecessary and excessive clutter.
- All furnishings accessible to children are sturdy, clean and in good repair.
- Electrical outlets and switches have cover plates.
- All cords (on drapes, blinds, appliances) are out of reach of children.
- Trash and garbage are inaccessible to children.
- Fireplace hearths or other structures or furnishings with sharp corners or hard surfaces are protected.
- Home is free of insects and rodents.
- Equipment used within the home, must be safe. Follow manufacturer guidelines.

OUTSIDE THE HOME includes but is not limited to:

- The yard is free of hazards, such as standing water or tripping hazards.
- The yard is free of clutter, debris, trash, animal waste, and garbage.
- Outdoor grill and barbecue equipment is covered or inaccessible to children.

Refer to subrule (6) of this rule for information on lead based paint hazards and the proper clean up procedures.

WATER HAZARDS

The licensee must ensure the home and its premises are free of water hazards. Refer to rule 400.1921 for protecting children from swimming pools, lakes, drainage ditches, wells, ponds and other bodies of water.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 2 of 6

R400.1932

Other water hazards can be any area in which water accumulates to a level in which a child can drown, including:

- Drains.
- Decorative landscape ponds.
- Wading pools.
- Bathtubs.
- Mop buckets/pails.

Consultation

Licensees are encouraged to install hinge guards on every door in the child use space to prevent door-related finger injuries which can be excruciatingly painful and potentially debilitating.

R 400.1932 (2)

(2) All dangerous and hazardous materials or items must be stored securely and out of the reach of children.

Rationale

Ensures that children are in a safe environment and less likely to be injured.

Technical Assistance

Hazardous and dangerous materials or items must be stored securely and out of the reach of children. Hazardous materials include, but are not limited to:

- Cleaning and laundry supplies, alcohol, pesticides, fertilizers, chemicals, medications, cosmetics, and personal care items.
- Poisonous plants, including but not limited to, philodendron, rhododendron, English ivy, dieffenbachia, ivy and poinsettia.

Dangerous materials or items include, but are not limited to:

- Weapons, such as bow and arrows, crossbows, compound bows, daggers, swords.
- Sharp objects, such as household knives, pizza cutters, and kitchen wrap boxes with serrated edges.
- Plastic bags, small electrical appliances, matches, lighters and items that pose a choking hazard.

Children cannot use shaving cream, or any other materials labeled "keep out of reach of children" for play purposes. Shaving cream is labeled as toxic and is not safe for use by children. Equipment or materials used during instruction and/or play must be safe for children's use.

NOTE: Items including, but not limited to, use of soap to wash hands, hand sanitizer on field trips, toothpaste to brush teeth after meal would not be considered a violation of this rule.

Refer to R 400.1935 regarding the safe storage of firearms.

Consultation

There are soap-based foaming products available that are non-toxic and can be used instead of shaving cream.

R 400.1932 (3)

(3) All steps, stairs, porches, and elevated structures to which children in care have access must be protected to prevent falls, and must be free of ice and snow accumulation.

Rationale

Ensures that children are in a safe environment and less likely to be injured from a fall, both inside and outside the home.

Technical Assistance

Doors, gates or other barriers are required to prevent child access to steps or stairs.

Consultation

Steps, stairs, porches, elevated structures, including decks and protective railings should not contain openings greater than 3 ½ inches to prevent head or body entrapments.

Safety gates are acceptable if they can be opened with a single motion and do not reduce the minimum required widths.

If a safety gate is used, the bottom threshold can be no higher than ½ inch.

Safety gates that require more than one motion; therefore, not approvable, include:

- Pinch then pull motion.
- Squeeze, slide, then open.

Note: It is recommended that safety gates be at least 36 inches tall to discourage parents and personnel from stepping over them. A child could be injured if a parent or personnel tripped on the gate when stepping over while holding a child or by landing on a child.

R 400.1932 (4)

(4) A handrail is required for 3 or more steps, or a total rise of 24 inches or more.

Rationale

Ensures that children are in a safe environment and less likely to be injured from a fall while in care, both inside and outside the home.

Technical Assistance

When counting the number of steps, the landing is included. Total rise is determined by measuring the distance from ground level to the landing.

Elevated structures, such as decks, must have a handrail if the rise is 24 inches or more.

R 400.1932 (5)

(5) Parents shall be notified before pesticide or fertilizer treatments.

Rationale

Ensures for the health and safety of children, parents and personnel.

Technical Assistance

Parents must be notified of all pesticide and fertilizer treatments regardless of:

- Who applies the treatment.
- When the treatment occurs.

Children must not have access to the treated areas, whether inside or outside, as outlined by the manufacturer's instructions.

R 400.1932 (6)

(6) There must be no flaking or deteriorating paint on interior and exterior surfaces, equipment, and toys accessible to children.

Rationale

Ensures for the health and safety of children, parents and personnel.

Paints made before 1978 may contain lead. Lead-based paint is the most common source of lead poisoning in children.

- Children under six years of age are at the greatest risk for lead poisoning.
- Infants may be harmed due to lead exposure prior to birth.
- Most children with lead poisoning do not look or act sick.
- Ingestion of lead may occur through breathing or swallowing lead dust or by eating soil or paint chips containing lead.
- Ingestion of lead paint can result in high levels of lead in the blood which affects the central nervous system and can cause mental handicap.
- If not detected early, children with high levels of lead in their bodies can suffer from damage to the brain, slowed growth, hearing problems, and headaches.
- Even at low levels of exposure, lead can cause a reduction in a child's IQ, result in reading and learning disabilities and affect a child's ability to learn, succeed in school and function later in life.
- Lead poisoning has no cure and the effects cannot be reversed once the damage is done. Children who seem healthy can have high levels of lead in their bodies.
- Symptoms of low levels of lead in a child's body may be subtle behavioral changes, irritability, low appetite, weight loss, sleep disturbances, and shortened attention span.

Technical Assistance

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 5 of 6

R400.1932

Paint is considered deteriorated if it is peeling, chipped, chalking, or cracked. If flaking or deteriorating paint is observed, the licensee must be informed that these surfaces must be fixed.

When flaking and deteriorating paint is observed and the home was built before 1978:

- Homeowners may be referred to the Michigan Department of Health and Human Services, Healthy Homes Section (www.michigan.gov/leadsafe or 866-691-5323).
- Local health departments may also be able to provide information and assistance to homeowners.

Any removal or abatement of flaking or deteriorating lead-based paint on interior or exterior surfaces, equipment or toys must be done in accordance with the health department regulations. Typical projects that need lead-safe practices on homes built before 1978 include:

- Replacing windows or doors.
- Adding or converting rooms.
- Renovating kitchens and bathrooms.
- Refacing or replacing cabinets.
- Painting and wallpapering.
- Replacing flooring and carpeting.
- Repairing or renovating porches and decks.

For information regarding removal of lead-based paint see www.michigan.gov/leadsafe

Consultation

Lead-based paint is found on surfaces that children chew or areas that receive a lot of wear-and-tear such as:

- Windows and window sills.
- Doors and door frames.
- Stairs, railings and banisters.
- Porches and fences.
- Trim.
- Walls and radiators.

Lead dust forms when lead-based paint is dry scraped, dry sanded or heated. Dust also forms when painted surfaces bump or rub together (opening and closing windows and doors with chipped paint). Lead chips and dust can then get on surfaces and objects that children and adults touch. Settled dust can re-enter the air when someone vacuums, sweeps or walks through the dust.

Lead testing kits are available at local home improvement and hardware stores as well as the local health department/environmental health.

The local health department is a resource for lead paint testing. Additional information on lead poisoning may be found at www.gettheleadout.org or www.michigan.gov/leadsafe.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 6 of 6

R400.1932

See also The Lead-Safe Certified Guide to Renovate Right from the Environmental Protection Agency at www.epa.gov/lead/pubs/renovaterightbrochure.pdf.

R 400.1932 (7)

(7) If the child care home was built prior to 1978, then the licensee shall inform parents of each child in care and all personnel, in writing, prior to any remodeling, renovating or re-painting that could potentially disturb lead-based paint or produce lead dust. Providers are encouraged to use EPA Renovation, Repair and Painting (RRP) trained and certified individuals when remodeling child care areas to ensure lead safety for their children in care.

Rationale

Allows parents to make an informed decision about whether they want their children in care during the remodeling process.

Technical Assistance

The written notice regarding remodeling, renovating or re-painting to parents and child care staff members must include:

- A statement that the home was built prior to 1978 and that the home improvements may disturb lead-based paint or produce lead dust.
- Time frames of the home improvements from start to finish.
- Area of home where improvements are being done.
- Type of work being done.

Refer to subrule (6) of this rule for additional information on the risks associated with lead exposure and available resources.

R 400.1932 (8)

(8) Open-flame devices and candles must not be used, except for birthdays or religious celebrations, and they must be inaccessible to children and extinguished when done.

Rationale

Ensures for the safety and well-being of children.

Technical Assistance

Open-flame devices include, but are not limited to, candles (tea lights, votive candles, etc.), matches, lighters, kerosene lanterns and Sterno cans.

The use of birthday or religious celebration candles requires direct adult supervision.

R 400.1933 Water supply; sewage disposal; water temperature.

- (1) The water supply must be from a municipal water supply or an onsite well approved by the local health department.**

Rationale

To ensure the water supply is safe and does not contain dangerous substances or spread disease or filth.

Technical Assistance

Private water supplies require an environmental health inspection by the local environmental health authority. Their findings and recommendations are considered when determining compliance with this rule.

Water with a high nitrate level (10 parts per million or more) or the presence of coliform or e-coli bacteria is unsafe.

R 400.1933 (2)

- (2) All sewage must be disposed of through a public system or, in the absence thereof, in a manner approved by the local health department.**

Rationale

Raw sewage is a serious health hazard and can contaminate groundwater and drinking water.

Technical Assistance

Private septic systems require an environmental health inspection by the local environmental health authority. Their findings and recommendations are considered when determining compliance with this rule.

Consultation

Playground equipment should not be placed over a drain field. The weight of playground equipment and children may cause a drain field to become compacted, resulting in failure of the system. The legs of some equipment, such as swing sets, can puncture the surface of drain fields. Frequent rains coupled with high water tables, poor drainage and flooding may cause the surface of the drain field to become contaminated with untreated sewage.

R 400.1933 (3)

- (3) A child care home shall have a minimum of 1 flush toilet and 1 handwashing sink with hot and cold running water.**

Rationale

Ensures the health and safety of children and personnel.

R 400.1933 (4)

(4) Hot water temperature must not exceed 120 degrees Fahrenheit at water faucets accessible to children.

Rationale

Tap water burns are the leading cause of nonfatal burns. Children under the age of five are the most frequent victims.

Water heated to 133 degrees Fahrenheit takes approximately 15 seconds to cause third-degree burns to the skin.

Water heated to 120 degrees Fahrenheit takes approximately 5 minutes to cause third-degree burns to the skin.

This may be enough time to remove the child from the hot water source and avoid a burn.

Technical Assistance

If there is an issue with children accessing the kitchen sink, it may be addressed as a supervision issue.

Consultation

Anti-scalding devices for bathroom sinks are available online or can be purchased at local home improvement or hardware stores.

An accurate metal stem-type food thermometer can be used to test the water temperature. It is best practice to run the water at its hottest setting for three to five minutes; then hold the thermometer under the hot water stream until the temperature gauge stops moving. If the water is too hot, adjust the water heater and wait one full day to retest the temperature.

Kitchen sinks are generally used for food preparation and should not be used for hand washing.

R 400.1934 Heating; ventilation; lighting; radon.

- (1) Each room that is used by children in care must have adequate ventilation and be maintained at a safe and comfortable temperature so children do not become overheated, chilled, or cold. Both of the following apply:**
- (a) The temperature must be not less than 65 degrees Fahrenheit at a point 2 feet above the floor.**
 - (b) Measures must be taken to cool the children when the temperature exceeds 82 degrees Fahrenheit.**

Rationale

The health and well-being of both the children and personnel is affected by the quality of the air indoors. This air is contaminated with organisms shared among individuals and can sometimes be more polluted than outdoor air.

Air circulation is essential to clear infectious disease agents in the air. Young children can be more affected than adults. Children who spend long hours inside breathing contaminated air are more likely to develop respiratory problems, allergies and asthma.

Maintaining the required temperatures is essential for the well-being of children and personnel, taking both comfort and health into consideration.

High humidity can promote the growth of mold, mildew and other agents that can cause eye, nose and throat irritation and can trigger asthma episodes in people with asthma.

Technical Assistance

Air conditioning is not a required means of cooling.

Fans and screened windows that are inaccessible to children are acceptable methods for providing ventilation.

R 400.1934 (2)

- (2) Windows and doors that are used for ventilation must be screened and in good repair.**

Rationale

Screens prevent the entry of insects, which may bite, sting or carry disease.

R 400.1934 (3)

- (3) A carbon monoxide detector, bearing a safety certification mark of a recognized testing laboratory, such as UL (Underwriters Laboratories) or ETL (Electrotechnical Laboratory), must be placed on all levels approved for child care.**

Rationale

Carbon monoxide is a colorless, odorless, poisonous gas formed when carbon-containing fuel is not burned completely and can cause death by asphyxiation.

Carbon monoxide may come from:

- A car left running in an attached garage.
- A clogged chimney.
- A corroded or disconnected water heater vent pipe.
- Gas or wood burning fireplaces.
- A cracked or loose furnace heat exchanger.
- An improperly installed kitchen range or vent.
- Operating a grill indoors or in a garage.
- Portable kerosene or gas heaters.

Technical Assistance

Carbon monoxide detectors are available online or can be purchased at local home improvement or hardware stores.

R 400.1934 (4)

(4) A licensee shall test the child care home for the concentration of radon gas before the initial license is issued and every 4 years thereafter at the time of license renewal.

Rationale

Testing is the only way to know if you and your family are at risk from radon. The US Environmental Protection Agency (EPA) and the Surgeon General recommend testing all homes for radon. More information can be found at www.epa.gov/radon.

According to Michigan Department of Environment, Great Lakes, and Energy, (EGLE) one in every four Michigan homes is expected to have radon levels that exceed the recommended federal action level of 4.0 picocuries per liter of air (pCi/L). More information can be found at www.michigan.gov/egle.

Radon:

- Is a colorless, odorless, tasteless, radioactive gas that occurs naturally.
- Can be found in soil, water, building materials, and natural gas.
- From the soil is the main cause of radon problems.
- Can cause lung tissue damage when inhaled and is the second leading cause of lung cancer.

Technical Assistance

Radon test kits are available from county and city health departments listed [on www.michigan.gov/radon](http://www.michigan.gov/radon). Radon test kits can also be found at local hardware stores, home improvement centers, and other retail stores, or you can purchase them online directly from the manufacturer at www.mi.radon.com.

You can contact EGLE's Michigan Indoor Radon Program for a test kit or more information at 800-723-6642 (800-RADONGAS)!

According to EGLE's website, testing can be done with a do-it-yourself kit that you send back to a laboratory for analysis, or you can hire a professional to test for you. If you are willing to read and follow instructions, a do-it-yourself kit may be adequate.

Most short-term do-it-yourself radon test kits cost between \$10 and \$20, and long-term kits generally cost between \$20 and \$50. The kits sold by the local health departments include the price of the test device, the postage to mail it back to a lab out of state, and the lab fees for having the device analyzed. Most kits sold in retail stores or through mail order also include everything in the price, but a few companies charge extra for postage or analysis, so be sure you know what you're getting before you make the purchase!

The first test you do is normally a short-term screening measurement. These tests need to be done under closed-house conditions, so the winter heating season is the ideal time to test. However, testing can be done at any time of year if closed house conditions can be met.

Short-term screening measurements are a minimum of 48 hours long, and would typically range from 2 to 7 days. However, they can last as long as 90 days, depending on the type of device being used.

Test Conditions:

It is very important that you read and follow the instructions that come with your test kit. Choose a location where you spend time and place the device:

- In the lowest livable level,
- At least 3 feet from windows, exterior doors, or other openings in foundation floor or walls,
- At least 20 inches above the floor (preferably 3-6 feet above the floor, in the "breathing zone"),
- At least 12 inches from exterior walls and at least 4 inches from other objects, and where it won't be disturbed!

Test in the lowest livable level of the home, a basement if you have one. Choose a room on this level where you spend time, such as a bedroom, living room, family room, den, or rec room. Avoid testing in kitchens, bathrooms, laundry rooms, closets, or utility rooms.

Lowest level the home means:

- Inside the home for a mobile home.
- First floor level of the home if there is a crawl space or a Michigan basement. A Michigan basement generally is similar to an oversized crawl space with low

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 4 of 7

R400.1934

ceilings, stone walls and/or dirt floors or walls. There may be a skim coat of concrete on the floor. It is not considered living space.

- Basement level of the home whether finished or unfinished.
- Lowest level inside the licensee's apartment, condominium, duplex, etc.

Applicants will not be issued a license until they can show compliance with this rule by:

- Providing documentation of radon levels of 4 pCi/l of air or less based on a short-term test.

At this time, continuous radon monitors (CRMs) digital radon test kits that offer a reading after 12 hours are not accepted as currently, they require a trained operator and there is no way to verify the reading.

Consultation

Based on the recommendations of EGLE new applicants that have initial short-term radon test results above 4 picocuries per liter (pCi/l) of air may choose to complete a second test to verify the problem before taking action to reduce levels. This is voluntary for licensed facilities. If you choose to do two short-term radon tests, and after **two** short-term radon tests, the radon levels exceed 4 pCi/L, a mitigation level must be installed within 12 months of the first test.

Testing is recommended every two years because homes settle, new cracks form in the foundation and radon levels can change. If test results show radon levels at or above 4 pCi/L, the United States Environmental Protection Agency (USEPA) recommends installing a [radon mitigation system](#). This system grabs the radon before it ever enters the home and vents it outside.

U.S. United States Environmental Protection Agency (USEPA) Publications

- [Radon Fact Sheet](#)
- [Frequently Asked Questions About Radon](#)
- [Radon Map](#) of the United States
- [Citizen's Guide to Radon](#)
- [Radon Guide for Tenants](#)
- [Radon in Schools](#)
- [Consumer's Guide to Radon Reduction: How to Fix Your Home](#)
- [Home Buyer's and Seller's Guide to Radon](#)
- [Radon-Resistant New Construction](#) for Home Buyers
- [Radiation Risks and Realities](#)
- [Discover RadTown USA](#)
- [Radon-Resistant Construction Basics and Techniques](#)
- [Radon Testing and Mitigation Standards and Test Procedures](#)

R 400.1934 (5)

- (5) The lowest level of the child care home must not have levels of radon gases that exceed 4 picocuries per liter of air, except as provided in subrule (6) of this rule. Documentation of the results must be kept on file in the child care home.**

Rationale

Radon enters a home through openings in the foundation floor or walls, wherever the foundation is in contact with the soil.

Technical Assistance

Lowest level the home means:

- Inside the home for a mobile home.
- First floor level of the home if there is a crawl space or a Michigan basement. A Michigan basement generally is similar to an oversized crawl space with low ceilings, stone walls and/or dirt floors or walls. There may be a skim coat of concrete on the floor. It is not considered living space.
- Basement level of the home whether finished or unfinished.
- Lowest level inside the licensee's apartment, condominium, duplex, etc.

Consultation

Based on the recommendations of EGLE new applicants that have initial short-term radon test results above 4 picocuries per liter (pCi/l) of air must complete a second test to verify the problem before taking action to reduce levels. This is voluntary for licensed facilities. If you choose to do two short-term radon tests, and after **two** short-term radon tests, the radon levels exceed 4 pCi/L, a mitigation level must be installed within 12 months of the first test.

R 400.1934 (6)

- (6) If the levels of radon gases exceed 4 picocuries per liter of air in the lowest level of the child care home, the licensee shall notify the parents of children in care and have a radon mitigation system installed. The licensee has up to 12 months from the date of the first measurement to meet the standard in subrule (5) of this rule.**

Rationale

There is no "safe" radon level. There is believed to be some risk to be associated with any exposure, and as a general rule, the higher the radon level and the longer the exposure, the greater the risk. To keep exposure to radiation as low as reasonably achievable (ALARA), 4 pCi/l has been set as a guideline for a reasonably achievable radon level.

Technical Assistance

Based on information from the EGLE, the price of a home radon mitigation system nationally ranges from approximately \$500 to \$2,500. In Michigan a radon mitigation

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 6 of 7

R400.1934

system generally costs between \$750 and \$1,500, depending on where you are in the state and who you hire. The systems can usually be installed in a day or less, and a reputable contractor will provide a guarantee that the system will achieve results below 4 pCi/l. Often the systems can achieve results below 2 pCi/l.

To show compliance with this rule after a radon mitigation system is installed, a short-term radon test must be completed after the system has been up and running for at least 24 hours but within 30 days of installation.

The Radon Fix-It Program assists consumers with elevated radon levels of 4 pCi/l of air or higher by providing information that allows them to take the necessary steps toward fixing their homes. Information about the Radon Fix-It Program can be found on their website www.epa.gov/radon or you can call (800) 644-6999.

Consultation

Based on the recommendations of EGLE new applicants that have initial short-term radon test results above 4 picocuries per liter (pCi/l) of air must complete a second test to verify the problem before taking action to reduce levels. This is voluntary for licensed facilities. If you choose to do two short-term radon tests, and after **two** short-term radon tests, the radon levels exceed 4 pCi/L, a mitigation level must be installed within 12 months of the first test.

Radon testers and mitigators, often called radon reduction contractors, are not licensed or regulated in Michigan. However, there are two national organizations that offer radon measurement and mitigation certification. If you choose to hire a professional to assist you, you are encouraged to hire a person certified by the [National Radon Proficiency Program](http://www.nrpp.org) or the [National Radon Safety Board](http://www.nrsb.org). The [National Radon Proficiency Program](http://www.nrpp.org) or the [National Radon Safety Board](http://www.nrsb.org) both maintain a list of certified contractors on their websites at www.nrpp.org and www.nrsb.org. A list of certified contractors can also be obtained from your local health department, or by calling the Michigan Department of Environment, Great Lakes, and Energy (EGLE) Indoor Radon Program at 800-RADON GAS (800-723-6642).

The mitigation system should then be tested every two years to verify that it is maintaining acceptable radon levels. The homeowner should check the pressure gauge on their system once a week, or once a month at the longest, to ensure that the fan is still functioning.

A Citizen's Guide to Radon is available from the EPA at www.epa.gov/radon.com

R 400.1934 (7)

(7) All child-use areas must have adequate natural or artificial lighting.

Rationale

Natural lighting is the most desirable lighting. Inadequate lighting has been linked to eyestrain and to headaches. The visual stimulation provided by natural light is important to a young child's development.

Technical Assistance

Adequate lighting is necessary in rooms where children are napping to:

- Allow for the supervision of the children.
- Ensures safe exiting in case of an emergency.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 1 of 2

R400.1935

R 400.1935 Firearms.

- (1) All firearms must be unloaded and properly stored in a secure, safe, locked environment inaccessible to children during hours of operation or while children are in care at a child care home. A secure and locked environment means a locked commercial gun safe, or a trigger lock installed and locked according to the manufacturer's recommendations to prevent discharge.**

Rationale

The presence of firearms in the home increases children's accessibility to them. Requiring firearms and ammunition to be properly stored and secured in separate locked compartments reduces the likelihood that children can gain access to them.

Technical Assistance

Michigan Compiled Laws (MCL) 28.421 (1927 PA 372), as amended, defines a firearm as "a weapon from which a dangerous projectile may be propelled by an explosive, or by gas or air. Firearm does not include a smooth bore rifle or handgun designed and manufactured exclusively for propelling by a spring, or by gas or air, BB's not exceeding .177 caliber."

Gun cabinets with glass panels are not considered to be commercial gun safes. This type of gun cabinet may only be used to store firearms if a trigger lock or firearm cable lock is properly utilized on the firearm according to manufacturer instructions.

R 400.1935 (2)

- (2) Ammunition must be stored in a separate locked location inaccessible to children during hours of operation or while children are in care at a child care home.**

Technical Assistance

Ammunition may be stored within a commercial gun safe, with firearms, if the ammunition is in a separate locked drawer or compartment within the gun safe.

Ammunition may also be stored in a gun cabinet with glass panels with trigger/cable locked firearms if the ammunition is in a separate locked drawer or compartment within the gun cabinet with glass panels.

Consultation

Many local law enforcement agencies provide free or low-cost trigger locks and/or firearm cable locks.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 2 of 2

R400.1935

R 400.1935 (3)

(3) Firearms must not be traded or sold on the premises during hours of operation or while children are in care.

Rationale

The presence of firearms in the home increases children's accessibility to them. Prohibiting the sale of firearms during hours of operation or while children are in care reduces the likelihood that children can gain access to firearms.

R 400.1935 (4)

(4) Law enforcement officers who are required to keep their firearms loaded and ready for use at all times, may do so, as long as the firearm is inaccessible to children.

R 400.1936 Animals and pets.

(1) A licensee shall notify parents of any animals and pets in the home.

Rationale

Parents have a right to know if and when their children may come into contact with animals.

Technical Assistance

Notification is documented on the Child In Care Statement (BCAL-3900).

Consultation

[Animals and Children: Friends or Foes? BCAL PUB 685](#)

R 400.1936 (2)

(2) Animals and pets that are potentially aggressive or in poor health shall be separated from children in care at all times.

Rationale

It has been found that:

- A gentle animal can become dangerous and aggressive when it protects itself from harmful or annoying behaviors of children.
- An aggressive or shy animal can seriously injure a trusting child.
- Animals can be a source of illness for people.
- People can be a source of illness for animals.

Technical Assistance

The licensee is fully responsible and accountable for safeguarding children, regardless of whether the animal or pet belongs to them or not.

Consultation

The following best practices are recommended:

- Check with a veterinarian to determine whether the animal/pet is of suitable temperament and size to be around young children.
- Ensure that any animal children encounter is healthy and up to date on vaccines.
- Know the animal's/pet's behaviors and temperament.
- Make sure the animal/pet has been socialized to different people.
- Be aware that animals that have just given birth may be overly protective of their young and therefore, more aggressive than normal.
- Set aside a protected area for the animal/pet to be without being bothered by children.
- Keep a health certificate on file regarding animal immunizations.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 2 of 2

R400.1936

R 400.1936 (3)

- (3) Children having contact with animals and pets shall be supervised by a child care staff member who is physically close enough to remove a child immediately if the animal shows signs of distress or the child shows signs of treating the animal inappropriately.**

Rationale

Children may unknowingly tease or annoy the animal resulting in an injury.

Dog bites cause an average of 10-20 deaths per year and 600,000 injuries per year. Dog bites to children under four years of age usually occur in a home environment, and the most common injury sites are the head, face and neck.

The [Centers for Disease Control and Prevention](#) estimates that about 4.5 million people are bitten by dogs each year in the U.S. Among children, the rate of dog-bite–related injuries is highest for those 5 to 9 years old. Over half of dog-bite injuries occur at home with dogs that are familiar to the victim.

Technical Assistance

The licensee is fully responsible and accountable for safeguarding children, regardless of whether the animal or pet belongs to them or not.

Consultation

The publication *Animals and Children: Friends or Foes?* (BCAL-Pub685) can be found on the department's website at [Child Care Resources](#) under Child Health and Safety.

R 400.1936 (4)

- (4) Animals and pets shall not be allowed in food preparation and eating areas during meal or snack time.**

Rationale

Ensures for the health and safety of children and personnel.

Technical Assistance

For the purpose of this rule, tanks containing fish are allowed in the food preparation and eating areas.

R 400.1936 (5)

- (5) Litter boxes, pet food, pet dishes, and pet toys must be inaccessible to children.**

Rationale

Ensures for the health and safety of children.

R 400.1941 Heat-producing equipment.

(1) All flame-producing and heat-producing equipment must be maintained in a safe condition and shielded to protect against burns. This subrule applies to all of the following:

- (a) A furnace.**
- (b) A water heater.**
- (c) A fireplace.**
- (d) A radiator and pipes.**
- (e) Wood burning equipment.**

Rationale

Ensures for the safety and well-being of children.

Technical Assistance

When using flame- or heat-producing equipment during child care hours, the licensee is responsible and accountable for ensuring:

- A barrier is used to shield the flame- or heat-producing equipment.
- The barrier does not get hot.
- The barrier is stable and firmly secured.
- The barrier does not allow children access to any part of the flame or
- Heat-producing equipment, including the pilot light.
- There is proper ventilation for all wall mounted gas heating units.

Note: Heat can be retained for as long as 20 hours after the use of a wood burner creating a potential hazard for young children.

R 400.1941 (2)

(2) Combustible materials and equipment must not be stored within 4 feet of furnaces, other flame or heat-producing equipment, or fuel-fired water heaters.

Rationale

Ensures for the safety and well-being of children as combustible materials fuel fires.

Technical Assistance

Combustible material and equipment means anything that will burn, including, but not limited to, paper, cardboard, clothing, wood items, plastics, sleeping cots and mattresses.

Permanent structures within four feet of the furnace or water heater, such as walls, permanently attached shelves, workbenches, etc. do not need to be moved. However, any combustible items on or stored in these structures need to be moved.

Consultation

Licensees may want to mark off a four foot perimeter around any flame- or heat-producing equipment with tape on the floor as a reminder of where not to store combustible items.

R 400.1941 (3)

(3) Portable heating devices must not be used when children are in care.

Rationale

Ensures the safety and well-being of children and personnel.

Portable heating devices are a common cause of fires, burns and injuries.

Technical Assistance

A portable heating device is one that can be moved from wall to wall or room to room and must not be used when children are in care.

R 400.1941 (4)

(4) Furnaces, other flame or heat-producing equipment used to heat the home when children are in care, and fuel-fired water heaters must be inspected by 1 of the following entities:

- (a) A licensed heating contractor for a fuel-fired furnace.**
- (b) A licensed heating contractor or licensed plumbing contractor for a fuel-fired water heater.**
- (c) A mechanical inspector for the local jurisdiction or licensed mechanical inspector for a wood stove or other solid fuel appliance.**

Rationale

Heating equipment is the second leading cause of ignition in fatal house fires.

Heating equipment that is routinely inspected and kept in good repair ensures that the equipment is working properly and is less likely to cause fires.

Technical Assistance

A licensed heating contractor is one that has been issued a mechanical contractor license by the State of Michigan Department of Licensing and Regulatory Affairs Bureau of Construction Codes Department of Energy, Labor & Economic Growth (DELEG) The license number will begin with 71. A licensed plumbing contractor's license will begin with 81.

Boilers must be inspected by a boiler inspector from DELEG or an individual who has both a boiler license and a mechanical contractor license.

Documentation of inspection such as a receipt or an invoice must include the license number of the contractor/inspector.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 3 of 4

R400.1941

Note: Wood boilers (pressurized and open air) must be located outside

of the home. Pressurized wood boilers must be inspected by a mechanical inspector as required by subrule (c) of this rule.

Note: A mechanical contractor with a classification Solid Fuel Equipment and Venting Decorative Gas Appliances may also inspect a wood boiler located outside of the home.

This inspection must, at a minimum, include an inspection of the chimney, the pressure relief valve and the drip tube. If the wood boiler is connected to a fuel fired furnace, the fuel-fired furnace must also be inspected as required by subrule (a) of this rule or must be disconnected from its fuel supply.

A copy of the initial installation inspection completed by a mechanical inspector as required by subrule (c) of this rule is all that is required for open air wood boilers.

In addition to furnaces and wood-burning stoves, all other flame- or heat-producing equipment requires documentation of an inspection if used to heat the home when children are in care. Equipment includes, but is not limited to:

- Built-in space heaters.
- Fireplaces (wood or gas).
- Fireplace insert burners.
- Thermal heaters.
- Pellet stoves.
- Heating units located in separate, out-buildings.

All fuel-fired water heaters also require documentation of an inspection.

For newly built homes, the occupancy permit is acceptable in lieu of an inspection.

For newly installed furnaces, installation documentation by a licensed mechanical contractor is acceptable in lieu of an inspection.

For newly installed furnaces where installation documentation is not available, the licensee can submit a written statement that the final inspection sticker on the furnace is available for verification by the consultant during the on-site inspection.

Electric heat does not require an inspection.

In many rural areas, the county plumbing/mechanical inspector is the person authorized to conduct inspections of solid fuel equipment.

A Geo-Thermal unit with Emergency Electrical Heat meets all the requirements of Electric and is not required to be inspected for compliance of this rule.

R 400.1941 (5)

- (5) The inspection specified in subrule (4) of this rule must be conducted before the initial license is issued and every 4 years thereafter at the time of license renewal.**

Rationale

Heating equipment is the second leading cause of ignition in fatal house fires.

Heating equipment that is routinely inspected and kept in good repair ensures that the equipment is working properly and is less likely to cause fires.

Technical Assistance

Per departmental policy, inspections for furnaces and other flame- or heat-producing equipment and fuel-fired water heaters must be dated within one year of initial home license issuance and at renewal.

For a new home, an inspection for a furnace and other flame- or heat-producing equipment or fuel-fired water heater is not required at the six month (original to regular license) renewal.

R 400.1941 (6)

- (6) For outdoor wood stoves or open-air wood boilers, the initial installation inspection by a local heating or mechanical inspector shall meet the requirements of this rule.**

Rationale

Michigan Building Code requires an initial installation inspection. The initial installation inspection is acceptable for the life of the unit because the unit is outdoors and if it fails there is no danger to the home.

Technical Assistance

If the licensee cannot produce the initial installation inspection for the outdoor wood stove or open-air wood boiler, a current inspection by a local heating or mechanical inspector is required.

Fuel fired furnaces and fuel fired hot water heaters must still be inspected as required by rule.

R 400.1942 Electrical service; maintenance.

- (1) The electrical service of a child care home must be maintained in a safe condition. When warranted, an electrical inspection by an electrical inspecting authority may be required.**

Rationale

Unsafe or broken electrical fixtures and outlets can expose children to serious electrical shock or electrocution.

Technical Assistance

Possible indicators of an electrical problem may include, but are not limited to:

- Exposed, loose, frayed or stripped wires.
- Burned wiring.
- Buzzing sound at the electrical box.
- Inappropriate/misuse of extension cords, especially when used in lieu of permanent wiring.
- Flickering or dimming of the lights.

R 400.1942 (2)

- (2) All electrical outlets, including outlets on multiple outlet devices, accessible to children must have safety covers or be tamper resistant outlets.**

Rationale

Placing fingers or sticking objects into exposed electrical outlets will cause electrical shock, electrical burns and potential fires.

Technical Assistance

Electrical outlets, power strips and extension cords with multiple plugs must have each individual socket covered if not in use.

Electrical outlets that close automatically or rotate to prevent the use of the plug are acceptable.

R 400.1942 (3)

- (3) Electrical cords must be arranged so they are not hazardous to children.**

Rationale

Electrical cords can cause injuries when:

- Children pull on the cord of an appliance causing it to fall down on them.
- Children chew on an appliance cord down to the wires causing a shock and potentially disfiguring mouth injuries.
- Someone trips over them.
- A slight shock may be fatal to a child.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page **2** of **2**

R400.1942

Technical Assistance

Electrical cords, including cell phone and electronic device cords, must not be:

- Placed under rugs or carpet, through doorways or across water-source areas.
- Frayed or overloaded
- Overhanging cords must not be within reach of children.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 1 of 6

R400.1943

R 400.1943 Exit requirements for each floor level used by children.

- (1) A child care home shall have at least 2 remotely located exits for every floor level occupied by children.**

Rationale

Ensures the safety of children and personnel in the event of an emergency.
Remote exits allow for safe evacuation should the primary exit be inaccessible.

Technical Assistance

The licensee is responsible for explaining the plans for safe exiting from all floors used for child care to all child care staff members, child care assistants, volunteers and the children.

Any basement window used as an exit must open into an area that permits those exiting to reach the ground at grade in a safe manner.

Refer to subrule (12)(e) of this rule for specifics regarding exiting into a window well.

R 400.1943 (2)

- (2) At least 1 exit from each floor level must provide a direct, safe means of unobstructed travel to the outside at street or ground level.**

Rationale

Ensures fast exit in the event of an emergency.

Technical Assistance

A stairway from the basement or second floor to the main floor is considered a direct exit to the outside.

R 400.1943 (3)

- (3) A window may be used as a second exit if it complies with all of the following provisions:**
- (a) Is accessible to children and personnel.**
 - (b) Is clearly identified.**
 - (c) Can be readily opened.**
 - (d) Is of a size and design to allow for the evacuation of all children and personnel.**

Rationale

Ensures safe exiting of the children and personnel in case of an emergency where exiting must be through a window.

Technical Assistance

To comply with (b) of this subrule, the window must be marked with an exit sign.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 2 of 6

R400.1943

The consultant may request personnel and the children in care demonstrate that they can safely exit from a basement window if it is being used as the second exit.

Refer to subrules (11) and (12) of this rule regarding the specific requirements for using a basement exit window.

Consultation

When exiting a basement through a window, it is best practice for everyone to be out in less than two minutes.

R 400.1943 (4)

(4) If a level of a home that is above the second floor is used for children in care, then the building must be of 1-hour-fire-resistive construction and must have 2 stairways to ground level. At least 1 of the required stairways and all other vertical openings must be enclosed by, at a minimum, 1-hour-fire-resistive construction to provide a protected means of egress direct to the outside at ground level.

Rationale

Ensures the safe exiting of all children and personnel in case of an emergency.

Technical Assistance

In a single-family dwelling, above the second floor means more than two stories above ground level.

In an apartment building, one exit may be the door of the apartment or an evacuation window and one exit may be a fire escape.

R 400.1943 (5)

(5) All exits must be unobstructed and accessible at all times.

Rationale

Unobstructed, clear exits are essential to prompt evacuation in an emergency.

Technical Assistance

Unobstructed means nothing is in front of, blocking the door and window exits, or reducing the means of egress. This includes the following but is not limited to the following:

- Furniture
- Toys
- Cribs
- Child Safety Gates
- Blinds secured at the bottom

R 400.1943 (6)

(6) The means of egress must be adequately lit at all times that children are in care.

Rationale

Ensures adequate lighting for safe passage at any time and for ability to quickly locate children in an emergency.

Technical Assistance

Adequate lighting can be natural light, overhead lighting or lamps.

Stairs from a basement or second floor level used as the pathway to exit the home are considered a means of egress.

R 400.1943 (7)

(7) Doors located in a required path of escape must be readily openable from the side of egress without the use of a key or special knowledge. Double cylinder locks, key-operated locks, and similar devices are not allowed on any door in a required path of escape.

Rationale Children may not be able to disengage a lock, which may stop or slow down their escape in an emergency.

Children and personnel must be able to safely and quickly evacuate in the event of a fire or other emergency.

Technical Assistance

The following are acceptable as long as they can be easily disengaged:

- A lock that opens with the turn of the locking mechanism or a turn of the door knob.
- A deadbolt that can be opened from the interior without the use of a key.
- A hook and eye latch.

Double cylinder locks are locks that require a key from both sides to disengage and they must not be used.

Safety gates and half or quarter doors are acceptable if they can be opened with a single motion and do not reduce the minimum required widths.

If a safety gate is used, the bottom threshold can be no higher than ½ inch.

Safety gates that require more than one motion; therefore, not approvable, include:

- Pinch then pull motion.
- Squeeze, slide, then open.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 4 of 6

R400.1943

Consultation

Note: It is recommended that safety gates be at least 36 inches tall to discourage parents and personnel from stepping over them. A child could be injured if a parent or personnel tripped on the gate when stepping over while holding a child or by landing on a child.

R 400.1943 (8)

(8) Interior door hardware must be designed to allow opening from the outside during an emergency if locked.

Rationale

Ensures the safety of the children and personnel.

Technical Assistance

The instrument needed to unlock an interior door must be easily accessible and kept in a location known to all personnel.

R 400.1943 (9)

(9) All closet door latches must be of the design so that children can open the door from inside the closet.

Rationale

Ensures the safety of children.

Technical Assistance

A door that opens with one single motion of the door handle and does not require a key or a lock to be turned in order to open it is acceptable.

R 400.1943 (10)

(10) A room or space, including an attic, that is accessible only by a ladder or folding stairway or through a trapdoor must not be used by children in care.

Rationale

Ensures the safety and well-being of children and personnel.

R 400.1943 (11)

(11) For a basement window exit that is over 44 inches above floor level and approved prior to January 1, 2006, only steps and platforms must be used to access the window exit, and they must be permanently secured to the wall or floor. Ladders must not be used as a means for exiting.

Rationale

Provides for a safe, permanent means of exiting in case of an emergency by ensuring the means of exiting cannot be moved.

Technical Assistance

R 400.1943 - Exits
07/2020

STATE OF MICHIGAN
Department of Licensing and Regulatory Affairs

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 5 of 6

R400.1943

This subrule only applies to window exits approved prior to January 1, 2006. See subrule (12) of this rule for the requirements for window exits approved January 1, 2006 and after.

Prior to the 2006 rule changes, providers were allowed to designate a basement window as an exit window. Many of these windows had bottom openings that were higher than 44 inches from the floor. The previous rule allowed providers to use a number of options to obtain access to these windows (tables, sofas, ladders, etc.). In order for these window exits to continue to be approved exits, the June 2006 rule change required steps and/or platforms, permanently secured to the wall or floor, be installed. However, to be consistent with the Michigan Residential Building Code, steps and/or a platform are not required for exit windows if the bottom of the window opening is 44 inches or less above the floor. If steps or platforms are used, they must be permanently affixed.

Michigan Residential Building Code requires that the maximum rise (distance between steps) for steps be 8 1/4 inches or less. The top step leading to the basement window exit must be within 8 1/4 inches of the window sill.

If there are three or more steps, or a total rise of 24 inches or more, a handrail is required per R 400.1932(4).

R 400.1943 (12)

(12)An emergency escape window to the outside is required for basements approved for child use after January 1, 2006. All of the following provisions apply:

- (a) The total unobstructed window area for egress must be at least 5 square feet.**
- (b) The unobstructed opening must be at least 20 inches wide.**
- (c) The unobstructed opening must be at least 24 inches high.**
- (d) The bottom of the opening must be not more than 44 inches above the floor.**
- (e) If the sill height is below grade, then it must open into a window well with at least 9 square feet of area, 3 feet in length and 3 feet in width. The area of the window well must allow the emergency escape window to be fully opened. If the well depth is over 44 inches, then it must have permanently affixed steps that are approved by the local building inspector.**

Rationale

Ensures for safe, quick exiting from a basement window in case of an emergency.

Technical Assistance

Note: If the license was issued prior to January 2006 and it included the basement as approved child use space, this subrule does not apply. Any request for a modification to add the basement level as child care use space requires compliance with this subrule.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 6 of 6

R400.1943

A 20" width X 24" height window does not meet the 5 square feet requirement. Acceptable window sizes include but are not limited to:

- 20" width X 36" height or larger.
- 30" width X 24" height or larger.

To determine the square footage of the window, multiply the width in inches by the height in inches and then divide by 144.

The requirement that permanently affixed steps in an egress window with a well depth over 44 inches must be approved by the local building inspector (Subrule (e)) applies only to modifications to a license or to an original license that has an egress window meeting this criteria.

R 400.1944 Smoke detectors; fire extinguishers.

- (1) Operable smoke detectors approved by a nationally recognized testing laboratory must be installed and maintained on each floor of the home, including the basement, and in all sleeping areas and bedrooms used by children in care.**

Rationale

Ensures the safety of children by providing timely notification of a fire.

Technical Assistance

The licensee is responsible for ensuring that:

- Smoke detectors are functional and installed according to the manufacturer's recommendations. Note: Many smoke detectors have an expiration date listed on the back of the smoke detector and should be replaced accordingly.
- That there is a working smoke detector installed on each floor of the home, including the basement, even if that floor is not used for child care.
- That there is a working smoke detector in each bedroom/sleeping area used by children in care.

If all smoke detectors are part of an alarm system and monitored by an outside source, verification that the system works properly is required. Two ways to accomplish this include:

- The outside source tests the system and provides the documentation.
- The licensee tests the system in the presence of the consultant after first notifying the outside source and the local fire department that the test is being conducted.

Examples of nationally recognized testing laboratories include, but are not limited to:

- Underwriters Laboratories (UL).
- Electrotechnical Laboratory (ETL).

Consultation

It is recommended that the licensee maintain a copy of the original manufacturer's instructions for installation and maintenance of smoke detectors.

R 400.1944 (2)

- (2) Heat detectors may be utilized in kitchens.**

Technical Assistance

Smoke detectors are not needed in the kitchen if heat detectors are used.

R 400.1944 (3)

- (3) A home shall have at least 1 functioning multipurpose fire extinguisher, with a rating of 2A-10BC or larger, properly mounted not higher than 5 feet from the floor to the top of the fire extinguisher, on each floor level approved for child use.**

Rationale

A fire extinguisher may be necessary for safe exiting.

Technical Assistance

The licensee is responsible for ensuring that:

- The fire extinguisher is replaced or recharged every five years. The shelf life of a fire extinguisher is five years. In order to assure it is functional, it must be recharged every five years. If the extinguisher cannot be recharged, it must be replaced. Maintain receipts for recharging or replacements as documentation of compliance with this rule.
- When using a commercial grade fire extinguisher, the manufacturer's recommendations regarding service and recharging are followed in order to ensure proper functioning.
- The fire extinguisher is mounted high enough so that it is not accessible to children, but that it is no higher than five feet from the floor.
- All child care staff members and child care assistants are familiar with the operation of the fire extinguishers.
- The gauge on the fire extinguisher has not gone from green to red.
- The pin remains in place.
- The hose and nozzle are attached.
- If the fire extinguisher is not readily visible, a conspicuous sign is posted which marks its location.

R 400.1945 (1) – (2) Emergency; plan; drill.

- (1) An applicant or licensee shall have a written emergency response plan for the care of children that must be posted in a conspicuous location within the child care home. The plan must address the following types of emergencies:**
- (a) Fire evacuation.**
 - (b) Tornado watches and warnings.**
 - (c) Serious accident or injury.**
 - (d) Water emergencies, if applicable.**
 - (e) Crisis management including, but not limited to, all of the following:**
 - (i) Intruders.**
 - (ii) Active shooters.**
 - (iii) Bomb threats.**
 - (iv) Other man- or woman-caused events.**
- (2) The written plan must include all of the following:**
- (a) A plan for evacuation.**
 - (b) A plan for safely moving children to a relocation site.**
 - (c) A plan for shelter-in-place.**
 - (d) A plan for lockdown.**
 - (e) A plan for contacting parents and reuniting families.**
 - (f) A plan for continuing operations during or after a disaster.**
 - (g) A plan for how infants and toddlers will be accommodated in all types of emergencies.**
 - (h) A plan for how children with special needs will be accommodated in all types of emergencies.**
 - (i) A plan for how children with chronic medical conditions will be accommodated in all types of emergencies.**

Rationale

Emergency situations are not conducive to calm and composed thinking. Having written plans allows for the opportunity to prepare and to prevent poor judgments made during an emergency.

Technical Assistance

The relocation site must be determined in advance and be included in the plan. The relocation site must be clean, safe, and easily accessible.

Infants and toddlers, children with special needs, and children with chronic medical conditions may have difficulty in an emergency situation. Each emergency plan must address how these needs are addressed in each type of emergency.

Examples of individual needs include but are not limited to

- Mobility issues
- Medications such as an inhaler, epipen, insulin
- Sensory integration issues such as loud noises, smells

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 2 of 6

R400.1945

- Individual medical needs

Plans must include steps on safe evacuation from each approved level of the home.

Consultation

It is best practice for the licensee to:

Ensure the written fire plan includes:

- A list specifically outlining the duties and responsibilities of all personnel.
- A designated meeting place.
- The facility address, telephone number and the major cross streets.
- The location of the fire extinguisher.

Ensure the written tornado plan includes:

- A list specifically outlining the duties and responsibilities of all personnel.
- The location where personnel and children should take cover.

The following emergency supplies are recommended for the tornado shelter area:

- Flashlight.
- Battery-operated radio.
- Water and snacks.
- Formula and/or Breastmilk
- First aid kit.
- Extra batteries.
- Child information records.
- Diapers and wipes.
- Toys, books and activity materials.
- Pillows and blankets.

Ensure the serious accident/injury and water emergency plans include:

- A list specifically outlining the duties and responsibilities of all child care personnel.
- The process used for seeking help for the victim and determining if medical treatment is needed.
- A plan for adequate supervision of the other children in care and if it is a water emergency, removing the other children from the water.
- Phone numbers for emergency personnel, including Poison Control.
- The location of the child information records.
- The location of emergency supplies.
- The location of rescue equipment for a water emergency.

Crisis Management

Emergency plans for women-made or man-made disasters. These may include, but are not limited to:

- Gas leak or chemical spill.
- Sewer back-up.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 3 of 6

R400.1945

-
- Train derailment
 - Nuclear Power Plant
 - Power outage.

Ensure the written plan includes all of the following:

- A plan for evacuation.
- A plan for safely moving children to a relocation site.
- A plan for shelter-in-place.
- A plan for lockdown.
- A plan for contacting parents and reuniting families.
- A plan for continuing operations during or after a disaster.
- A plan for how infants and toddlers will be accommodated.
- A plan for how children with special needs will be accommodated.
- A plan for how children with chronic medical conditions will be accommodated.

Methods for contacting parents can include, but are not limited to:

- A mass email or text message.
- Phone calls/trees.
- Notifying the local police department so they can let parents know where their children have been taken if a parent calls them.
- Posting the relocation site address in a conspicuous location at the home that can be seen from outside.

A plan for how each child with special needs and/or chronic medical conditions will be accommodated during each type of emergency.

Children with special needs and/or chronic medical conditions may have difficulty in an emergency situation. Each emergency plan should address how each child with a special need and/or chronic medical condition will be accommodated in each type of emergency. The plan should be based on the special needs or condition of children enrolled in care. If possible, the plan can broadly address a special need area or chronic medical condition, such as a children with mobility issues.

The following best practices are also recommended:

- Post plans in a place visible to personnel and older children.
 - A floor plan showing the location of the nearest exits, including any window used as a second exit.
-

R400.1945 (3)

- (3) A licensee shall inform all personnel of the overall emergency response plan and of his or her individual duties and responsibilities in the event of an emergency specified in subrule (1) of this rule.**

Rationale

An organized, thorough plan for injury prevention can ensure for a safe environment for children and caregiving staff. As emergency situations are not conducive to calm and clear thinking, having written plans allows for the opportunity to prepare and prevent poor judgments made during an emergency.

Consultation

It is best practice for personnel and emergency persons to receive a review of the procedures and to participate in a fire and a tornado drill annually.

R400.1945 (4)

- (4) Fire drills must be practiced while children are in care at least once quarterly, and a written record that includes the date and time it takes to evacuate must be maintained.**

Rationale

The frequent practice of fire drills is essential due to turnover of both staff and children, as well as the changing developmental ability of the children to participate in the drills.

Practicing fire drills on a regular basis:

- Helps make the procedure routine for everyone.
- Fosters calm, competent use of the plans in the event of an emergency.

Smoke inhalation is the most common cause of death in fires.

When using a basement window, smoke rises quickly so the amount of time for exiting is greatly decreased.

Technical Assistance

Fire drill practices must not include exiting through a second or third story window, as these are considered rescue window exits only.

The licensee must ensure fire drill practices include exiting through the basement window if the basement level is approved for child care. The consultant may request that the caregiving staff and the children in care demonstrate that they can safely exit from a basement window.

The licensee either must develop a log or use the log on the department's website (www.michigan.gov/michildcare) to document fire drills.

Consultation

The following best practices are recommended:

- When exiting through a basement window, everyone should be out in less than two minutes.
- Do drills at different times of the day to ensure that all caregiving staff and children have an opportunity to practice.

R400.1945 (5)

(5) At least 2 tornado drills must be practiced while children are in care between March and November, and a written record of these drills that includes the date must be maintained.

Rationale

Conducting tornado drills is essential due to turnover of both staff and children, as well as the changing developmental ability of the children to participate in the drills. Practicing tornado drills regularly during tornado season:

- Helps make the procedure routine for everyone.
- Fosters calm, competent use of the plans in the event of an emergency.

Technical Assistance

The licensee must either develop a log or use the log on the department's website (www.michigan.gov/michildcare) to document tornado drills.

Consultation It is best practice to do drills at different times of the day to ensure that all caregiving staff and children have an opportunity to practice.

R400.1945 (6)

(6) Smoke detectors must be used as the alarm for fire drills.

Rationale

Assures a consistent alarm is used that children can readily respond to and recognize.

Technical Assistance

The alarm may be activated by pushing the test button or by spraying a product used for testing smoke detectors.

When using a hard-wired smoke detector for drills, notify the outside monitoring source and the local fire department immediately prior to conducting the drill.

Consultation

Hard-wired system alarms are extremely loud. Most children's homes are equipped with battery-operated alarms that are considerably quieter. It is best to alert children that the alarm sound will be different from and much louder than the alarm they may hear at home.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 6 of 6

R400.1945

R400.1945 (7)

(7) The records required in this rule must be retained for a minimum of 4 years.

Rationale

The department may need past records when conducting a complaint investigation.

Past records may assist licensee in resolving licensing issues.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 1 of 7

R400.1951

R 400.1951 Transportation.

- (1) A vehicle used to transport children in care must be maintained in a good, safe working condition.**

Rationale

Ensures for the safety and well-being of children and personnel.

R 400.1951 (2)

- (2) A licensee shall ensure that the driver of a vehicle transporting children is an adult, who has a valid driver's license, valid vehicle registration, and proof of current automobile insurance.**

Rationale

Driving children is an important and significant responsibility. Anyone who transports children must be competent to drive the vehicle.

Technical Assistance

This rule does not require the licensee to make or keep copies of these documents on file. However, upon request, the licensee must be able to provide them to the department.

Consultation

The Driver Verification (BCAL-5039) form may be used to document compliance with this subrule and is located in the [forms](#) section of our [website](#).

R 400.1951 (3)

- (3) A licensee shall notify the parents in advance when drivers other than child care staff members are used to transport children.**

Rationale

Parents have the right to know who is transporting their children.

Technical Assistance

Ways to comply with this rule include, but are not limited to:

- Posting a list of the drivers and assigned children.
- Documenting via email, telephone call or parental signature the parent's awareness of the arrangement.
- Maintaining a written log.

R 400.1951 (4)

- (4) If the driver will have unsupervised access to children, the driver shall complete a comprehensive background check and be determined eligible by the department in compliance with section 5n of the act, MCL 722.115n.**
-

R 400.1951 (5)

- (5) Each child passenger restraint device and each safety belt must be installed, anchored, and used according to the manufacturer's specifications and must be maintained in a safe working condition.**

Rationale

When used properly, safety restraints are effective in reducing injury and death. The provision of mandatory safety restraints ensures the health and safety of the children and personnel.

In Michigan, 21% of infants are incorrectly turned forward-facing in their car seat before age 1. Children incorrectly restrained in seat belts instead of a car seat or booster seat are 3.5 times more likely to suffer serious injury. More than 90% of the 4 to 8 year-old children who were seriously injured in auto accidents were not restrained in a booster seat.

Technical Assistance

The use of safety restraints and car seats and the choices of positioning in the vehicle can be found in the manufacturer's instructions for car seats and for the vehicle. The manufacturer's instructions must be followed when installing car seats.

Car seats and other safety restraints must be kept in safe working condition. Manufacturer's instructions for the car seat will indicate when a car seat should no longer be used.

Consultation

The best car seat is one that:

- Fits the child being transported.
- Has never been in a crash.
- Is used correctly every time.

Improper installation can be avoided by:

- Reading the vehicle manufacturer's instructions carefully.
- Reading the car seat manufacturer's instructions carefully.
- Testing the car seat for a safe snug fit in the vehicle.
- Having the car seat installation checked by a certified car seat technician at an approved car seat check station in the community.
- Remembering that the rear vehicle seat is the safest place for a child of any age to ride.

Usage tips for all car seats:

- Every car seat has an expiration date. Do not use an expired seat.
- Never buy a used car seat if you do not know its full history.
- Never use a car seat that has been in a crash.
- Children should not wear bulky clothing under harness straps.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 3 of 7

R400.1951

- Do not use products that did not come with the car seat (in or with the seat).

Note: The Pupil Transportation Act (1990 PA 187) prohibits the use of 11-15 passenger vans for pupil transportation. The use of these vans is prohibited for transporting children to and from school and school related activities. If a child care home takes children to school and/or picks them up from school, 11-15 passenger vans may not be used. If these vans are observed transporting children to or from school, any police authority may stop the vehicle and ticket it. Licensing consultants will report the use of 11-15 passenger vans for school transportation to the Michigan State Police.

Removing one or more bench seats or a row of seats does not change the manufacturer's rated seating capacity of a vehicle. It is still illegal to transport children to and from school in 11-15 passenger vans, regardless if seats have been removed.

Consultation

Eleven to fifteen passenger vans are prohibited for school transportation because statistics have shown that they are very dangerous. Due to the safety issues present when 11-15 passenger vans are used, it is recommended that these types of vans never be used for transporting children in care.

R 400.1951 (6)

(6) The transportation of all children must be conducted pursuant to state law.

Rationale

Ensures for the safety and well-being of children and personnel.

Technical Assistance

All state traffic laws must be followed.

Current state law on safety belt and CSRS requirements (MCL 257.710d and 257.710e) can be found at MichiganLegislature.org.

The Michigan Vehicle Code (1949 PA 300) ([MVC document](#)) requires children under age eight and less than four feet nine inches in height to be properly secured in a CSRS unless they are transported on a school bus, a multi-function school activity bus or any vehicle designed to carry 16 or more passengers, including the driver.

Note: The Pupil Transportation Act (1990 PA 187) prohibits the use of 11-15 passenger vans for pupil transportation. The use of these vans is prohibited for transporting children to and from school and school related activities. If a child care home takes children to school and/or picks them up from school, 11-15 passenger vans may not be used. If these vans are observed transporting children to or from school, any police authority may stop the vehicle and ticket it. Licensing consultants will report the use of 11-15 passenger vans for school transportation to the Michigan State Police.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 4 of 7

R400.1951

Removing one or more bench seats or a row of seats does not change the manufacturer's rated seating capacity of a vehicle. It is still illegal to transport children to and from school in 11-15 passenger vans, regardless if seats have been removed.

Consultation

Eleven to fifteen passenger vans are prohibited for school transportation because statistics have shown that they are very dangerous. Due to the safety issues present when 11-15 passenger vans are used, it is recommended that these types of vans never be used for transporting children in care.

R 400.1951 (7)

(7) Each child transported shall remain seated and properly restrained by a child passenger restraint device appropriate for his or her age. The manufacturer's rated seating capacity for the vehicle must not be exceeded.

Rationale

When used properly, safety restraints are effective in reducing injury and death. The provision of mandatory safety restraints ensures the health and safety of the children and personnel.

In Michigan, 21% of infants are incorrectly turned forward-facing in their car seat before age 1. Children incorrectly restrained in seat belts instead of a car seat or booster seat are 3.5 times more likely to suffer serious injury. More than 90% of the 4 to 8 year-old children who were seriously injured in auto accidents were not restrained in a booster seat.

Technical Assistance

Current state law on safety belt and child restraint requirements (MCL 257.710d et seq.) can be found at www.michiganlegislature.org.

The use of safety restraints and car seats can be found in the manufacturer's instructions for car seats and for the vehicle.

Consultation

The American Academy of Pediatrics recommends that children stay in rear-facing car seats until age 2 or until they reach the maximum height and weight for their seat. It also advises that most children will need to ride in a belt-positioning booster seat until they have reached 4 feet 9 inches tall and are between 8 and 12 years of age.

For more information, a car seat guide is available at www.healthychildren.org/carseatguide.

The best car seat is one that:

- Fits the child being transported.
- Has never been in a crash.
- Is used correctly every time.

Improper installation can be avoided by:

- Reading the vehicle instructions carefully.
- Reading the car seat manufacturer's instructions carefully.
- Testing the car seat for a safe snug fit in the vehicle.
- Having the car seat installation checked by a certified car seat technician at an approved car seat check station in the community.
- Remembering that the rear vehicle seat is the safest place for a child of any age to ride.

For more information, visit www.michigansafekids.org.

See the table at the end of this section for specific requirements and tips.

R 400.1951 (8)

(8) A licensee shall provide a driver with a copy of the child information card, or comparable facsimile, for each child being transported in a vehicle.

Rationale

Ensures drivers have all necessary contact and emergency information readily available.

Consultation

Best practice is to attach a photo of each child to that child's Child Information Record (BCAL-3731) and to label each car seat with the child's name.

R 400.1951 (9)

(9) The driver of each vehicle transporting children shall carry in the vehicle, and be familiar with, the contents of a first aid kit. The first aid kit, must contain, at a minimum, all of the following:

- (a) Adhesive tape.**
- (b) Bandages (assorted sizes).**
- (c) Cold pack.**
- (d) Disposable gloves.**
- (e) Gauze pads and roller gauze (assorted sizes).**
- (f) Hand sanitizer.**
- (g) Plastic bags.**
- (h) Scissors and tweezers.**
- (i) Triangular bandage.**

Rationale

Personnel and volunteers must be able to respond to the needs of children in case of an injury or emergency. Ensures drivers have the necessary supplies readily available to deal with minor injuries.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 6 of 7

R400.1951

Technical Assistance

Ointments and antiseptics are prohibited from being stored in the first aid kit.

Consultation First aid kits should be kept out of the reach of children because it contains sharp objects.

It is recommended that if medications are needed while on a field trip or when transporting children that they be stored with the Medication Permission (BCAL-1243) (or comparable substitute) forms and separately from the first aid kit.

Note: The BCAL-1243 (or comparable substitute) must be signed by the parent prior to administering medication. The BCAL-1243 is located in the [forms](#) section of our [website](#).

General Car Seat Information Chart

See the table below for information specific to the age of the child and the type of car seat.

General CSRS Information		
AGE/WEIGHT	SEAT TYPE & POSITION	USAGE TIPS
INFANTS Birth to at least age 1 and less than 20 pounds	Rear-facing infant or rear facing convertible seat	Always secure seats to the vehicle by safety belts or the LATCH system. <ul style="list-style-type: none">• Never use in a front seat where an air bag is present.• Tightly install child seat in rear seat, facing the rear. The car seat should not move more than one inch from side to side or front to back. Grab the car seat at the seat belt or
INFANTS Less than age 1 and 20-35 pounds	Rear-facing convertible (one recommended for heavier infants)	LATCH path to test for tightness. <ul style="list-style-type: none">• Child seat should recline at approximately a 45 degree angle. This is important to keep the baby's airway open.• Harness straps/slots at or below shoulder level (usually the lower set of slots for most convertible seats).• Harness straps snug on child; harness clip at armpit level
TODDLER/ PRESCHOOLER	Forward-facing convertible	Always secure seats to the vehicle by safety belts or the

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 7 of 7

R400.1951

<p>Ages 1 to 4 and at least 20 and up to approximately 40 pounds</p>	<p>seat or forward-facing only seat or high back booster with harness</p>	<p>LATCH system.</p> <ul style="list-style-type: none"> • Tightly install child seat in rear seat, facing forward. The car seat should not move more than one inch from side to side or front to back. Grab the car seat at the seat belt or LATCH path to test for tightness. • Harness straps/slots at or above child's shoulders (usually top set of slots for most convertible seats). • Harness straps snug on child; harness clip at armpit level. • The American Academy of Pediatrics recommends that children remain rear-facing until age 2.
<p>YOUNG CHILDREN Ages 4 to at least 8 - unless they are 4'9" (57") tall</p> <ul style="list-style-type: none"> • If a child is age or older, but under 4'9" tall, a booster seat is not needed. • If a child is between age 4 and 8, but over 4'9" tall, a booster seat is not needed. 	<p>Belt-positioning booster (no back) or high back belt positioning booster</p>	<ul style="list-style-type: none"> • Never use with lap-only belts. Always use with lap and shoulder belt. • Shoulder belt should rest snugly across chest and on shoulder. Never place a shoulder belt under the arm or behind the back. • Lap belt should rest low, across the lap/upper thigh area—not across the stomach.
<p>Lower Anchor and Tethers for Children (LATCH) is a system that makes CSRS installation easier without using seat belts. LATCH is required on most CSRSs and vehicles manufactured after 9/1/02. LATCH is not required for booster seats. Attachments on a LATCH equipped CSRS fasten to anchors in a LATCH-equipped vehicle. If a vehicle isn't LATCH equipped, use the seat belt, and if available, a top tether. The top tether must not be used on rear-facing seats.</p>		

R 400.1952 Child transportation; parent permission; child information card; required when off-premises.

- (1) A licensee shall obtain and keep on file written permission from a child's parent before a child is transported in a vehicle. Written permission must be obtained for both of the following:
- (a) Routine transportation, at least annually.
 - (b) Nonroutine transportation, before each trip. R 400.1952 Child transportation; parent permission; child information card; required when off-premises.

Rationale

Ensures parents know the whereabouts of their children at all times. Parents have the right to decide if their child is transported in a vehicle.

Technical Assistance

Refer to R400.1901(mm) for definition of routine transportation.

A parent's digital signature is acceptable.

Consultation

Best practice is to maintain records for a minimum of 4 years after the child is no longer in care. Licensees are encouraged to store inactive files on children separately from active files.

Keeping Track at all Times: Preventing Lost Children (BCAL-Pub 687) is available on the department's website at [Child Care Resources](#).

R 400.1952 (2)

- (2) At the time of initial enrollment, a licensee shall obtain written permission from a child's parent for the child to go on field trips that do not involve a vehicle including, but not limited to, walking to a park or in the neighborhood.

Rationale

Ensures that parents know the whereabouts of their children at all times.

Technical Assistance

Refer to R400.1901(u) for a definition of a field trip.

Consultation

When on a walking field trip, a notice may be posted on the door notifying parents. Parents should be given the location of any walking field trip destinations and the route used to get there.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 2 of 2

R400.1952

Keeping Track at all Times: Preventing Lost Children (BCAL-Pub 687) is available on the department's website at [Child Care Resources](http://www.michigan.gov/michildcare). (www.michigan.gov/michildcare).

R 400.1952 (3)

- (3) A licensee shall have a copy of each child's information card and a first aid kit, containing the items listed in R 400.1951(9), accessible at all times when children leave the premises.**

Rationale

Ensures for the safety and well-being of children by having emergency information and supplies readily available.

Technical Assistance

Leaving the premises includes, but is not limited to, walking trips, shopping trips, running errands, picking up children from school, or field trips.

The Child Information Record (BCAL-3731 or a comparable substitute) and first aid kit must be with caregiving staff at all times. The BCAL-3731 is located in the [forms](#) section of our [website](#).

Refer to R 400.1901(u) for a definition of a field trip.

Refer to R 400.1951(9) regarding the contents required in a first aid kit.

Consultation

Best practice is to attach a photograph of each child to that child's Child Information Record (BCAL-3731 or a comparable substitute).

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 1 of 3

R400.1961

R 400.1961 Parent notification required; incidents; accidents; illness; disease; isolation.

(1) A licensee shall promptly report to a child's parent any of the following:

- (a) Any incidents, accidents, suspected illness, or other changes observed in the health of a child.**
- (b) A child who is exposed to a communicable disease so the child may be observed for symptoms of the disease.**

Rationale

Ensures parents receive prompt notification to enable them to make a decision about whether medical treatment is necessary.

Technical Assistance

The licensee should notify parents as soon as possible once the child's immediate needs have been met. Should the child's condition change after notification additional contact with parents may be necessary.

During instances of a health crisis, providers must follow guidelines set by the Centers for Disease Control and Prevention (CDC) <https://www.cdc.gov/>

R 400.1961 (2)

(2) A licensee shall isolate a child who is too ill to remain in the group in an area where the child can be supervised and made as comfortable as possible.

Rationale

Ensures for the comfort of the ill child and minimizes the spread of illness to other children and child care personnel.

Technical Assistance

The licensee is responsible and accountable for:

- Ensuring that a child too ill to remain in the group is separated enough from the well children to further prevent a spread of that illness to the other children.
- Ensuring that an isolated child can be adequately supervised when separated from the group and are only isolated in approved child care space.

Consultation

Best practice is to have a policy regarding whether or not ill children may remain in care and to share it with parents.

Best practice is to ensure a child who becomes suddenly ill while in care is separated from other children in care by at least 6 feet to prevent a spread of the illness until the ill child can be picked up from child care.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 2 of 3

R400.1961

R 400.1961 (3)

- (3) Bedding, toys, utensils, toilets, and lavatories, used by an individual who is ill, must be appropriately cleaned and sanitized before being used by another individual.**

Rationale

To minimize the spread of illness to other children and to personnel.

Technical Assistance

The licensee is responsible and accountable for ensuring that:

- All stuffed toys and dress-up clothing can be laundered in hot water when soiled by children. Otherwise, they should be discarded.
- All toys are washed, rinsed, and sanitized when contaminated with saliva, vomit, feces, urine, nasal discharge or other bodily discharges.

The procedure used for cleaning and sanitizing items soiled by an ill individual includes:

- Washing the surface or item vigorously with soap and water.
- Rinsing the surface or item with clean water.
- Submerging, wiping or spraying the surface or item with a sanitizing solution.
- Letting the surface or item air dry for at least two minutes.

Examples of sanitizing solutions include, but are not limited to:

- Water and non-scented chlorine bleach with a concentration of bleach between 50 – 200 parts per million (one teaspoon to one tablespoon of bleach per gallon of water). This solution must be made fresh daily.
- Commercial sanitizers (products labeled as a sanitizer purchased at a store). Caution should be exercised to assure they are used according to the manufacturer's instructions.

Note:

When sanitizing toys and other items children may put in their mouths:

- Bleach used must have a EPA number indicating an approval for food sanitizing.
- Commercial sanitizers used must specify on the label to be safe for food contact surfaces.

Consultation

- [Managing Communicable Diseases in Child Care Settings \(BCAL-Pub 111\)](#) is available on the department's [website](#).
- CDC website has additional information - [Routinely clean, sanitize, and disinfect](#)

Bleach is recommended as a sanitizing product because it is safe, effective and inexpensive. Test strips to check the concentration of the bleach/water solution can be used and are available from most food service suppliers.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 3 of 3

R400.1961

For cleaning up vomit (including spit-up) or feces, it is recommended that the surface or item be disinfected. A disinfecting solution can be made using water and non-scented chlorine bleach as follows:

- Stainless steel and food/mouth contact items - 1 tablespoon of bleach per gallon of water.
- Non-porous surfaces, tile floors, countertops, sinks, and toilets 1/3 cup bleach per gallon of water.
- Porous surfaces and wood floors 1 2/3 cups bleach per gallon of water.

The bleach solution should be left on the surface for 10 to 20 minutes and then rinsed with clean water.

Local health department sanitarians may maintain a list of approved commercial sanitizers. [local health department](#)

Providers are encouraged to use separate spray bottles containing soapy water, rinse water and a sanitizing solution.

TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES

Page 1 of 3

R400.1962

R 400.1962 Department notification required; incidents; injury; accident, illness, death, or fire.

- (1) A licensee shall make a verbal or email report to the department within 24 hours of the occurrence of any of the following:
- (a) A child is lost or left unsupervised.
 - (b) An incident involving inappropriate contact or an allegation of inappropriate contact.
 - (c) A serious injury of a child.
 - (d) A fire on the premises of the home that requires the use of fire suppression equipment or results in loss of life or property.

Rationale

Informs the department and allows the department to determine if an investigation is warranted based on the circumstances of the incident.

Technical Assistance

Leaving a voice message meets the intent of this rule if the details of the incident are specified in the message. **Exception:** In the event of a child's death, the licensee must speak to a representative of the department.

Examples of when a child is considered lost or unsupervised, include but are not limited to:

- When the child leaves the home unnoticed
- When a child is left outside
- When returning from a field trip and it is discovered that a child is missing

Examples of an incident involving an allegation of inappropriate contact, includes, but is not limited to:

- Alleged sexual contact between children or a child and any personnel or volunteer.
- Physical discipline of a child by any personnel or volunteer.

If you are in doubt whether you need to contact the department, contact your licensing consultant.

Refer to subrule (4) of this rule regarding the mandatory written requirement.

Consultation

It is recommended that the home also notify the local fire authority of all details of the fire.

It is recommended that the home also notify their licensing consultant when a lock down occurs.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 2 of 3

R400.1962

R 400.1962 (2)

- (2) A licensee shall make a verbal report to the department within 24 hours of the death of a child.**

Technical Assistance

In the event of a child's death, the licensee must speak to a representative of the department.

R 400.1962 (3)

- (3) A licensee shall make a verbal or email report to the department within 24 hours of notification by a parent that a child received medical treatment or was hospitalized for an injury, accident, or medical condition that occurred while the child was in care.**

Rationale

Informs the department and allows the department to determine if an investigation is warranted based on the circumstances of the incident.

Technical Assistance

A telephone call or leaving a voice message meets the intent of this rule, except for the death of a child. In the event of a child's death, the licensee must speak to a representative of the department.

Any injury that occurs at the home for which a child later receives emergency medical treatment must be reported. Note: Any medical care received as a result of an accident or injury is considered emergency medical care. In the event of a child's death, the licensee must speak to a representative of the department.

A medical condition that occurs while the child is in care does **not** include common illnesses, such as strep throat, ear infections, colds, or the flu.

Examples of injuries/medical conditions that occur while the child is in care and for which the child later receives medical treatment or is hospitalized include, but are not limited to:

- | | |
|-----------------------------------|--|
| • Seizures | • Substantial hematoma |
| • A serious allergic reaction | • Burns |
| • Head injuries | • Inappropriate Care/Discipline causing injury |
| • Abusive head trauma/shaken baby | • Injury to internal organ |
| • Bone fracture | • Sexual abuse |
| • Laceration/stitches | |

Refer to subrule (4) of this rule regarding the mandatory written requirement.

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 3 of 3

R400.1962

R 400.1962 (4)

- (4) A licensee shall submit a written report to the department of the occurrences outlined in subrules (1), (2), and (3) of this rule, in a format provided by the department, within 72 hours of the verbal or emailed report to the department.**

Rationale

Documents the circumstances of the incident, including actions taken by the personnel.

Technical Assistance

The Incident Report (BCAL-4605) must be used to report the incident. This form is available in the [forms](#) section of our [website](#).

Any injury that occurs at the home that later receives emergency medical treatment must be reported. Note: Any medical care received as a result of an accident or injury is considered emergency medical care.

R 400.1962 (5)

- (5) A licensee shall keep a copy of the report on file for a minimum of 4 years.**

**TECHNICAL ASSISTANCE AND CONSULTATION MANUAL
CHILD CARE FAMILY AND GROUP HOMES**

Page 1 of 1

R400.1963

R 400.1963 Rule variance.

- (1) Upon written request of an applicant or licensee, the department may grant a variance from an administrative rule if the alternative proposed provides clear and convincing evidence that the health, welfare, and safety of children is protected.**

Rationale

Allows the applicant or licensee to meet the intent of a rule in an alternative way when special circumstances exist.

Technical Assistance

The licensee is responsible and accountable for:

- Submitting a written request for a variance to a particular rule.
- The written request must be sent to the local office.
- Describing the alternative proposed which will meet the intent of the rule in a different way.
- Assuring that the alternative proposed does not compromise the safety of children.
- Assuring that the proposed change is not initiated until written confirmation from the department is received approving the variance request. If the variance is requested on a rule regarding environmental health or fire safety, confirmation may be needed from an environmental health sanitarian or a fire safety authority regarding the alternative proposed.

Note: A variance cannot be granted to any requirement of 1973 PA 116 because it is state law. R 400.1908 (capacity) and R 400.1913 (discipline) do not allow for a variance as noted in each rule.

R 400.1963 (2)

- (2) The decision of the department must be entered upon the records of the department and a signed copy must be sent to the applicant or licensee. A variance may remain in effect for as long as the licensee continues to comply with the conditions of the variance, or it may be time-limited.**

Rationale

Allows flexibility in determining the appropriateness of the duration of the variance.

Technical Assistance

Reasons for rescinding a variance may include:

- Failure of a registrant/licensee to comply with the terms of the variance.
- The variance is no longer necessary or appropriate.